# Before Starting the CoC Application

The CoC Consolidated Application is made up of two parts: the CoC Application and the CoC Priority Listing, with all of the CoC's project applications either approved and ranked, or rejected. The Collaborative Applicant is responsible for submitting both the CoC Application and the CoC Priority Listing in order for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for:

- Reviewing the FY 2015 CoC Program Competition NOFA in its entirety for specific application and program requirements.
- Using the CoC Application Detailed Instructions for assistance with completing the application in e-snaps.
- Answering all questions in the CoC Application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing so, please keep in mind that:

- This year, CoCs will see that a few responses have been imported from the FY 2013/FY 2014 CoC Application. Due to significant changes to the CoC Application questions, most of the responses from the FY 2013/FY 2014 CoC Application could not be imported.
- For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses.
- For other questions, the Collaborative Applicant must be aware of responses provided by project applicants in their Project Applications.
- Some questions require that the Collaborative Applicant attach a document to receive credit. This will be identified in the question.
- All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

For Detailed Instructions click here.

# 1A. Continuum of Care (CoC) Identification

## Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

**1A-1. CoC Name and Number:** NC-501 - Asheville/Buncombe County CoC

**1A-2. Collaborative Applicant Name:** City of Asheville

**1A-3. CoC Designation:** CA

**1A-4. HMIS Lead:** Michigan Coalition Against Homelessness

# 1B. Continuum of Care (CoC) Engagement

## Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

### 1B-1. From the list below, select those organizations and persons that participate in CoC meetings. Then select "Yes" or "No" to indicate if CoC meeting participants are voting members or if they sit on the CoC Board. Only select "Not Applicable" if the organization or person does not exist in the CoC's geographic area.

| Organization/Person Categories | Participates in CoC Meetings | Votes, including electing CoC Board | Sits on CoC Board |
|---|---|---|---|
| **Local Government Staff/Officials** | Yes | No | Yes |
| **CDBG/HOME/ESG Entitlement Jurisdiction** | Yes | No | Yes |
| **Law Enforcement** | Yes | Yes | Yes |
| **Local Jail(s)** | Yes | Yes | Yes |
| **Hospital(s)** | Yes | Yes | Yes |
| **EMT/Crisis Response Team(s)** | No | No | No |
| **Mental Health Service Organizations** | Yes | Yes | Yes |
| **Substance Abuse Service Organizations** | Yes | Yes | Yes |
| **Affordable Housing Developer(s)** | Yes | Yes | Yes |
| **Public Housing Authorities** | Yes | Yes | Yes |
| **CoC Funded Youth Homeless Organizations** | Not Applicable | Not Applicable | Not Applicable |
| **Non-CoC Funded Youth Homeless Organizations** | Yes | Yes | Yes |
| **School Administrators/Homeless Liaisons** | Yes | Yes | Yes |
| **CoC Funded Victim Service Providers** | Not Applicable | Not Applicable | Not Applicable |
| **Non-CoC Funded Victim Service Providers** | Yes | Yes | Yes |
| **Street Outreach Team(s)** | Yes | Yes | Yes |
| **Youth advocates** | Yes | Yes | Yes |
| **Agencies that serve survivors of human trafficking** | No | No | No |
| **Other homeless subpopulation advocates** | Yes | Yes | Yes |
| **Homeless or Formerly Homeless Persons** | Yes | Yes | Yes |
| Credit and Consumer Counseling Service Provider | Yes | Yes | Yes |
| Indegent Legal Services | Yes | Yes | Yes |
| Veteran's Affairs | Yes | Yes | Yes |

### 1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness in the geographic area or an interest in preventing and ending homelessness in the geographic area. Please provide two examples of organizations or individuals from the list in 1B-1 to answer this question.
**(limit 1000 characters)**

The CoC's Homeless Initiative Advisory Committee (HIAC) a joint Committee of the City of Asheville and Buncombe County and the Homeless Coalition, are comprised of local service providers, homeless, community partners, advocates, executive directors and interested area residents that represent a full range of opinions and practical knowledge on the issues affecting homelessness in the community. Both the HIAC and Coalition have multiple sub-committees that focus on specific areas that utilize the talent, knowledge and experience of its comprising members. Two attorneys from an Indigent Legal Defense organization sit on the HIAC or its sub-committees focusing on advocacy, criminal justice and Family and Homeless Youth. Several representatives from a Domestic Violence Service provider and the Veteran's Administration serve on the HIAC, the Veteran, Family and Coordinated Assessment Sub-Committees to provide guidance and input on the issues affecting the populations they serve in the CoC.

### 1B-1b. List Runaway and Homeless Youth (RHY)-funded and other youth homeless assistance providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

| Youth Service Provider (up to 10) | RHY Funded? | Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015). | Sat on the CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015). |
|---|---|---|---|
| Caring for Children's Trinity Place | Yes | Yes | Yes |
| Buncombe County Schools, Homeless Education Liason | No | Yes | Yes |
| Asheville City Schools, Homeless Coordinator | No | Yes | Yes |
| Help OUT Youth | No | Yes | Yes |
| Cornerstone | Yes | Yes | Yes |
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## 1B-1c. List the victim service providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

| Victim Service Provider for Survivors of Domestic Violence (up to 10) | Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015). | Sat on CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015). |
|---|---|---|
| Helpmate, Inc. | Yes | Yes |
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## 1B-2. Does the CoC intend to meet the timelines for ending homelessness as defined in Opening Doors?

| Opening Doors Goal | CoC has established timeline? |
|---|---|
| **End Veteran Homelessness by 2015** | Yes |
| **End Chronic Homelessness by 2017** | Yes |
| **End Family and Youth Homelessness by 2020** | No |
| **Set a Path to End All Homelessness by 2020** | No |

## 1B-3. How does the CoC identify and assign the individuals, committees, or organizations responsible for overseeing implementation of specific strategies to prevent and end homelessness in order to meet the goals of Opening Doors? (limit 1000 characters)

The CoC's Homeless Initiative Advisory Committee (HIAC), a joint Committee of the City of Asheville and Buncombe County and the Homeless Coalition, comprised of local service providers, homeless, community partners and interested area residents represents a broad and diverse base from which to identify the necessary stakeholders within the community to provide appropriate oversight of the implementation of the specific goals outlined in Opening Doors. All Committee or Board service within the CoC except the CoC Lead are volunteer. Both the HIAC and Coalition have multiple sub-committees that focus on specific areas (advocacy, veterans, finance, criminal justice system, etc.) that utilize the talent, knowledge and experience of its comprising members and represent the HIAC, Coalition, key stakeholders, and homeless residents from the community. The Coalition is open for new members monthly and holds meetings across the CoC at various locations to encourage community wide participation.

**1B-4. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for any new projects in 2015. (limit 1000 characters)**

The CoC engages in ongoing discussion of the services, housing needs and gaps in our community throughout the year at monthly meetings of the Homeless Coalition and the Homeless Initiative Advisory Committee. New agencies and their representatives are welcome members to these two integral groups of the CoC. The Homeless Coalition list serve sends out regular communications to the more than 165 members. The City of Asheville posts the Competition Notice on its web-site. During the open competition, all notifications of meetings, application process information and deadlines are posted using these forms of communication. In addition, verbal notifications and updates are made at all community meetings attended by the CoC during the Agency Update portion of the agenda. The CoC Lead also responds to calls from entities not actively involved in the CoC and available funding opportunities are discussed and information is provided tailored to the entities specific mission and project idea.

| | |
|---|---|
| **1B-5. How often does the CoC invite new members to join the CoC through a publicly available invitation?** | Monthly |

# 1C. Continuum of Care (CoC) Coordination

## Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

### 1C-1. Does the CoC coordinate with other Federal, State, local, private and other entities serving homeless individuals and families and those at risk of homelessness in the planning, operation and funding of projects? Only select "Not Applicable" if the funding source does not exist within the CoC's geographic area.

| Funding or Program Source | Coordinates with Planning, Operation and Funding of Projects |
|---|---|
| **Housing Opportunities for Persons with AIDS (HOPWA)** | Yes |
| **Temporary Assistance for Needy Families (TANF)** | Yes |
| **Runaway and Homeless Youth (RHY)** | Yes |
| **HeadStart Program** | Yes |
| **Other housing and service programs funded through Federal, State and local government resources.** | Yes |

### 1C-2. The McKinney-Vento Act, as amended, requires CoCs to participate in the Consolidated Plan(s) (Con Plan(s)) for the geographic area served by the CoC. The CoC Program interim rule at 24 CFR 578.7(c)(4) requires that the CoC provide information required to complete the Con Plan(s) within the CoC's geographic area, and 24 CFR 91.100(a)(2)(i) and 24 CFR 91.110(b)(1) requires that the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for information about CoC and Con Plan jurisdiction coordination, as well as CoC and ESG recipient coordination.

CoCs can use the CoCs and Consolidated Plan Jurisdiction Crosswalk to assist in answering this question.

| | Number | Percentage |
|---|---|---|
| **Number of Con Plan jurisdictions with whom the CoC geography overlaps** | 2 | |
| **How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?** | 2 | 100.00 % |
| **How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?** | 2 | 100.00 % |
| **How many of the Con Plan jurisdictions are also ESG recipients?** | 1 | |
| **How many ESG recipients did the CoC participate with to make ESG funding decisions?** | 1 | 100.00 % |

| | | |
|---|---|---|
| **How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?** | 1 | 100.00 % |

### 1C-2a. Based on the responses selected in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC's geographic area and include the frequency, extent, and type of interactions between the CoC and the Consolidated Plan jurisdiction(s).
### (limit 1000 characters)

The City of Asheville is the Participating Jurisdiction responsible for the Consolidated Plan that includes the CoC. The CoC chose the City of Asheville as the CoC Lead in 2011, and the City of Asheville, with support from Buncombe County, employs the CoC Lead staff as part of the Community Development Division team. This allows the CoC to be an integral part of the daily work of the PJ , both informing policy and collaborating with a broad range of stakeholders to implement the ConPlan's goals that further the work of affordable housing and economic development for low to moderate income persons. The CoC Lead staff, as well as community stakeholders that receive, benefit from and utilize CDBG and HOME funds, are engaged on a monthly basis for policy and programmatic monitoring and decision-making. These collaborations flow to the state ConPlan implementation via the state ESG office and the statewide HMIS Governance Committee.

### 1C-2b. Based on the responses selected in 1C-2, describe how the CoC is working with ESG recipients to determine local ESG funding decisions and how the CoC assists in the development of performance standards and evaluation of outcomes for ESG-funded activities.
### (limit 1000 characters)

The CoC Lead became the fiscal agent for the CoC's ESG funds in FY2012. A review and finance subcommittee of the Homeless Initiative Advisory Committee (HIAC), working with the CoC Lead, evaluates HUD's ESG funding recommendations. The HIAC prioritized Rapid Re-Housing, HMIS, and shelter operations in that order to match with the community priorities of increasing permanent housing subsidy for homeless persons and families. Former and current ESG recipients are included in all levels of discussion and CoC wide policies, procedure and evaluation criteria were included on the Regional Application for FY2015 to the State. For the FY2015, the CoC priorities for ESG funding recommendations continued to focus on Rapid Re-Housing first and shelter operations second with an emphasis on sheltering victims of Domestic Violence. This was done in coordination and communication with previous and potential grantees, the CoC Lead and in consideration of community held priorities and needs.

### 1C-3. Describe the how the CoC coordinates with victim service providers and non-victim service providers (CoC Program funded and non-CoC funded) to ensure that survivors of domestic violence are provided housing and services that provide and maintain safety and security. Responses must address how the service providers ensure and maintain the safety and security of participants and how client choice is upheld. (limit 1000 characters)

The CoC coordinates housing and services with victim service providers that provide emergency assistance through the Coordinated Assessment procedure that utilizes a standardized assessment tool for a baseline score in conjunction with an evidence based Danger Assessment that is designed to predict the risk of homicide and ensure prioritization of housing placement for high-danger domestic violence victims. A direct victim service provider participates in the Coordinated Assessment, the governing board of the CoC and appropriate sub-committees. CoC Coordinated Assessment Policy and Procedure Manual directs all agencies to make an appropriate referral for any domestic violence victim that presents for services. During Coordinated Assessment, victims are not identified by name to protect their safety and security. Once appropriate confidentiality releases have been secured, housing providers regularly conduct on-site intakes and interviews at a safe location.

### 1C-4. List each of the Public Housing Agencies (PHAs) within the CoC's geographic area. If there are more than 5 PHAs within the CoC's geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between October 1, 2014 and March 31, 2015, and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program. (Full credit consideration may be given for the relevant excerpt from the PHA's administrative planning document(s) clearly showing the PHA's homeless preference, e.g. Administration Plan, Admissions and Continued Occupancy Policy (ACOP), Annual Plan, or 5-Year Plan, as appropriate).

| Public Housing Agency Name | % New Admissions into Public Housing and Housing Choice Voucher Program from 10/1/14 to 3/31/15 who were homeless at entry | PHA has General or Limited Homeless Preference |
|---|---|---|
| Housing Authority of the City of Asheville | 28.00% | Yes-Both |
| | | |
| | | |
| | | |
| | | |

**If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.**

### 1C-5. Other than CoC, ESG, Housing Choice Voucher Programs and Public Housing, describe other subsidized or low-income housing opportunities that exist within the CoC that target persons experiencing homelessness.
### (limit 1000 characters)

The CoC utilizes HOME Tenant Based Rental Assistance (TBRA) and Community Development Block Grant (CDBG) funds to provide housing/utility assistance and support services for persons experiencing homelessness and Supportive Services for Veteran Families for the homeless Veterans. These HOME funds supported 82 homeless households in the CoC in 2014-15.Through the coordinated entry, persons scoring below the need for PSH or HUD-VASH, are linked to a housing case manager that assists the client in finding, securing and maintaining affordable housing with private landlords or income based tax credit properties that serve people making at or below a set Area Median Income (AMI), the elderly or persons with a disability. The housing case manager works with client's to develop a client-based case management plan to address needs such as medical, mental or substance abuse treatment, employment, vocational training, education and financial planning so the client can maintain their housing.

### 1C-6. Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized in the CoC's geographic area. Select all that apply. For "Other," you must provide a description (2000 character limit)

| | |
|---|---|
| **Engaged/educated local policymakers:** | X |
| **Engaged/educated law enforcement:** | X |
| **Implemented communitywide plans:** | |
| **No strategies have been implemented:** | |
| | |
| | |
| | |

# 1D. Continuum of Care (CoC) Discharge Planning

## Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

### 1D-1. Select the systems of care within the CoC's geographic area for which there is a discharge policy in place that is mandated by the State, the CoC, or another entity for the following institutions? Check all that apply.

| | |
|---|---|
| **Foster Care:** | |
| **Health Care:** | X |
| **Mental Health Care:** | X |
| **Correctional Facilities** | X |
| **None:** | |

### 1D-2. Select the systems of care within the CoC's geographic area with which the CoC actively coordinates to ensure that institutionalized persons that have resided in each system of care for longer than 90 days are not discharged into homelessness. Check all that apply.

| | |
|---|---|
| **Foster Care:** | X |
| **Health Care:** | X |
| **Mental Health Care:** | X |
| **Correctional Facilities:** | X |
| **None:** | |

**1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) and explain how the CoC plans to coordinate with the institution(s) to ensure persons discharged are not discharged into homelessness.**
**(limit 1000 characters)**

N/A

# 1E. Centralized or Coordinated Assessment (Coordinated Entry)

## Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

**CoCs are required by the CoC Program interim rule to establish a Centralized or Coordinated Assessment system – also referred to as Coordinated Entry. Based on the recent Coordinated Entry Policy Brief, HUD's primary goals for coordinated entry processes are that assistance be allocated as effectively as possible and that it be easily accessible regardless of where or how people present for assistance. Most communities lack the resources needed to meet all of the needs of people experiencing homelessness. This combined with the lack of a well-developed coordinated entry processes can result in severe hardships for persons experiencing homelessness who often face long wait times to receive assistance or are screened out of needed assistance. Coordinated entry processes help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Coordinated entry processes also provide information about service needs and gaps to help communities plan their assistance and identify needed resources.**

### 1E-1. Explain how the CoC's coordinated entry process is designed to identify, engage, and assist homeless individuals and families that will ensure those who request or need assistance are connected to proper housing and services.
### (limit 1000 characters)

People experiencing homelessness are referred to homelessness assistance services in designated coordinated assessment locations across the community and at the Day Shelter operated by a local housing first provider. Every effort is made to access and assess persons living in campsites and those with a disability or other debilitating condition that seek assistance regardless of their circumstances or location. All persons experiencing homelessness are assessed by trained staff using a standardized assessment tool (VI-SPDAT). Outreach staff whose agencies do assessments and have been approved by the CoC may assess clients living on the street, places not fit for human habitation and clients being discharged from jails and hospitals. Based on their assessment score, persons are referred to the appropriate coordinated entry committee, veteran or civilian, and linked to the appropriate services for their particular needs, case management and housing options.

**1E-2. CoC Program and ESG Program funded projects are required to participate in the coordinated entry process, but there are many other organizations and individuals who may participate but are not required to do so. From the following list, for each type of organization or individual, select all of the applicable checkboxes that indicate how that organization or individual participates in the CoC's coordinated entry process. If the organization or person does not exist in the CoC's geographic area, select "Not Applicable." If there are other organizations or persons that participate not on this list, enter the information, click "Save" at the bottom of the screen, and then select the applicable checkboxes.**

| Organization/Person Categories | Participates in Ongoing Planning and Evaluation | Makes Referrals to the Coordinated Entry Process | Receives Referrals from the Coordinated Entry Process | Operates Access Point for Coordinated Entry Process | Participates in Case Conferencing | Not Applicable |
|---|---|---|---|---|---|---|
| Local Government Staff/Officials | X | X | | | X | |
| CDBG/HOME/Entitlement Jurisdiction | X | X | | | X | |
| Law Enforcement | X | X | | | | |
| Local Jail(s) | X | X | | X | | |
| Hospital(s) | X | X | X | X | | |
| EMT/Crisis Response Team(s) | | | | | | X |
| Mental Health Service Organizations | X | X | X | X | X | |
| Substance Abuse Service Organizations | X | X | X | X | X | |
| Affordable Housing Developer(s) | X | X | X | X | X | |
| Public Housing Authorities | X | X | X | X | X | |
| Non-CoC Funded Youth Homeless Organizations | X | X | X | X | X | |
| School Administrators/Homeless Liaisons | X | X | X | X | X | |
| Non-CoC Funded Victim Service Organizations | X | X | X | X | X | |
| Street Outreach Team(s) | X | X | X | X | X | |
| Homeless or Formerly Homeless Persons | X | X | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| Veteran's Admistration/Medical Center | X | X | X | X | X | |
| Transitional Housing Providers | X | X | X | X | X | |
| Supportive Services for Veteran Families | X | X | X | X | X | |

# 1F. Continuum of Care (CoC) Project Review, Ranking, and Selection

## Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

### 1F-1. For all renewal project applications submitted in the FY 2015 CoC Program Competition complete the chart below regarding the CoC's review of the Annual Performance Report(s).

| | |
|---|---|
| **How many renewal project applications were submitted in the FY 2015 CoC Program Competition?** | 7 |
| **How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?** | 1 |
| **How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2015 CoC Program Competition?** | 6 |
| **Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2015 CoC Competition?** | 100.00% |

### 1F-2. In the sections below, check the appropriate box(s) for each section to indicate how project applications were reviewed and ranked for the FY 2015 CoC Program Competition. (Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.)

| | |
|---|---|
| **Type of Project or Program (PH, TH, HMIS, SSO, RRH, etc.)** | X |

| | |
|---|---|
| **Performance outcomes from APR reports/HMIS** | |
| **Length of stay** | X |
| **% permanent housing exit destinations** | X |
| **% increases in income** | X |
| Housing First model | X |

| Monitoring criteria | |
|---|---|
| **Participant Eligibility** | X |
| **Utilization rates** | X |
| **Drawdown rates** | X |
| **Frequency or Amount of Funds Recaptured by HUD** | X |
| Proposed Budget | X |

| Need for specialized population services | |
|---|---|
| **Youth** | X |
| **Victims of Domestic Violence** | X |
| **Families with Children** | X |
| **Persons Experiencing Chronic Homelessness** | X |
| **Veterans** | X |
| Case Management and Coordination of Services | X |

| | |
|---|---|
| **None** | |

### 1F-2a. Describe how the CoC considered the severity of needs and vulnerabilities of participants that are, or will be, served by the project applications when determining project application priority. (limit 1000 characters)

The CoC evaluation criteria considered the severity of needs and vulnerability of the population the project serves into the evaluation of the project performance outcomes for each project reviewed. For FY2015, all renewal projects and the bonus project are Housing First and serve the chronically homeless with extreme need of support and wrap around services. This population has the highest service needs in the community. Almost all projects met or exceeded the set percentages on the Standard Performance Measures for retention and increased income or attainment of benefits and those measures were considered in determining project application priority combined with the overall budget of each project, the number of dedicated beds for chronically homeless that the project served and the severity of needs (income, substance abuse/mental health/criminal history/high utilizers) for that population.

**1F-3. Describe how the CoC made the local competition review, ranking, and selection criteria publicly available, and identify the public medium(s) used and the date(s) of posting. In addition, describe how the CoC made this information available to all stakeholders. (Evidence of the public posting must be attached)**
**(limit 750 characters)**

The CoC Program Competition notice was posted on the City of Asheville's (COA) website and emailed to CoC Board on 9/24/15. Email notification to CoC list-serve on 9/25/15. A review of CoC Competition conducted on 10/21/15 at Board retreat. The ARD, project review, ranking guidelines, selection criteria and scorecard were presented and approved by the CoC at public meeting on 11/3/15 and emailed to the CoC list-serve on 11/4/15. Notice of inclusion in Collaborative Application was posted on COA web-site and applicants emailed on 11/6/15. Final project rankings emailed to CoC Board and Project Applicants on 11/6/15. All documents (ranking guidelines, selection criteria, scorecard and final ranking) were posted on COA web-site on 11/12/15.

| | |
|---|---|
| **1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2015 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached.)** | 11/18/2015 |
| **1F-5. Did the CoC use the reallocation process in the FY 2015 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.)** | No |

| | |
|---|---|
| **1F-5a. If the CoC rejected project application(s) on what date did the CoC and Collaborative Applicant notify those project applicants their project application was rejected in the local CoC competition process? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.)** | |
| **1F-6. Is the Annual Renewal Demand (ARD) in the CoC's FY 2015 CoC Priority Listing equal to or less than the ARD on the final HUD-approved FY 2015 GIW?** | Yes |

# 1G. Continuum of Care (CoC) Addressing Project Capacity

## Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

### 1G-1. Describe how the CoC monitors the performance of CoC Program recipients.
### (limit 1000 characters)

The Homeless Initiative Advisory Committee's (HIAC) Chronic Homeless Sub-Committee meets monthly and reviews and produces quarterly written reports on PSH CoC program recipients' compliance, utilization of designated chronic homeless beds, program efficacy, services, case management and client retention. The Sub-Committee reports findings and issues affecting the efficacy of CoC Program recipients directly to the HIAC and the CoC Lead. Periodic on site monitoring of CoC Program recipients assess program compliance to meet local CoC priorities and ensures project implementation, administrative capability and agency capacity to fill project requirements. Additionally, annual reviews of APR submissions, draw downs, participant income and entitlement acquisition, and participant eligibility are analyzed by the CoC Lead and Finance Sub-Committee and reported to the HIAC annually.

| | |
|---|---|
| **1G-2. Did the Collaborative Applicant review and confirm that all project applicants attached accurately completed and current dated form HUD 50070 and form HUD-2880 to the Project Applicant Profile in e-snaps?** | Yes |
| **1G-3. Did the Collaborative Applicant include accurately completed and appropriately signed form HUD-2991(s) for all project applications submitted on the CoC Priority Listing?** | Yes |

# 2A. Homeless Management Information System (HMIS) Implementation

**Intructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

| | |
|---|---|
| **2A-1. Does the CoC have a governance charter that outlines the roles and responsibilities of the CoC and the HMIS Lead, either within the charter itself or by reference to a separate document like an MOU? In all cases, the CoC's governance charter must be attached to receive credit. In addition, if applicable, any separate document, like an MOU, must also be attached to receive credit.** | Yes |
| **2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or the attached MOU.** | CoC Governance Charter pg. 1/,MOU pages 1-2 |
| **2A-2. Does the CoC have a HMIS Policies and Procedures Manual? If yes, in order to receive credit the HMIS Policies and Procedures Manual must be attached to the CoC Application.** | Yes |
| **2A-3. Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organizations (CHOs)?** | Yes |

| | |
|---|---|
| **2A-4. What is the name of the HMIS software used by the CoC (e.g., ABC Software)? Applicant will enter the HMIS software name (e.g., ABC Software).** | ServicePoint |
| **2A-5. What is the name of the HMIS software vendor (e.g., ABC Systems)? Applicant will enter the name of the vendor (e.g., ABC Systems).** | Bowman Systems, LLC |

# 2B. Homeless Management Information System (HMIS) Funding Sources

## Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

**2B-1. Select the HMIS implementation coverage area:** Statewide

*** 2B-2. In the charts below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.**

### 2B-2.1 Funding Type: Federal - HUD

| Funding Source | Funding |
|---|---|
| **CoC** | $67,500 |
| **ESG** | $10,000 |
| **CDBG** | $0 |
| **HOME** | $0 |
| **HOPWA** | $0 |
| **Federal - HUD - Total Amount** | $77,500 |

### 2B-2.2 Funding Type: Other Federal

| Funding Source | Funding |
|---|---|
| **Department of Education** | $0 |
| **Department of Health and Human Services** | $0 |
| **Department of Labor** | $0 |
| **Department of Agriculture** | $0 |
| **Department of Veterans Affairs** | $0 |
| **Other Federal** | $0 |
| **Other Federal - Total Amount** | $0 |

## 2B-2.3 Funding Type: State and Local

| Funding Source | Funding |
|---|---|
| **City** | $0 |
| **County** | $0 |
| **State** | $0 |
| **State and Local - Total Amount** | $0 |

## 2B-2.4 Funding Type: Private

| Funding Source | Funding |
|---|---|
| **Individual** | $0 |
| **Organization** | $0 |
| **Private - Total Amount** | $0 |

## 2B-2.5 Funding Type: Other

| Funding Source | Funding |
|---|---|
| **Participation Fees** | $0 |
| **Other - Total Amount** | $0 |

| | |
|---|---|
| **2B-2.6 Total Budget for Operating Year** | $77,500 |

# 2C. Homeless Management Information System (HMIS) Bed Coverage

## Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

**2C-1. Enter the date the CoC submitted the 2015 HIC data in HDX, (mm/dd/yyyy):** 05/15/2015

**2C-2. Per the 2015 Housing Inventory Count (HIC) indicate the number of beds in the 2015 HIC and in HMIS for each project type within the CoC. If a particular housing type does not exist in the CoC then enter "0" for all cells in that housing type.**

| Project Type | Total Beds in 2015 HIC | Total Beds in HIC Dedicated for DV | Total Beds in HMIS | HMIS Bed Coverage Rate |
|---|---|---|---|---|
| **Emergency Shelter beds** | 319 | 20 | 68 | 22.74% |
| **Safe Haven (SH) beds** | 0 | 0 | 0 | |
| **Transitional Housing (TH) beds** | 257 | 0 | 252 | 98.05% |
| **Rapid Re-Housing (RRH) beds** | 64 | 0 | 64 | 100.00% |
| **Permanent Supportive Housing (PSH) beds** | 629 | 0 | 629 | 100.00% |
| **Other Permanent Housing (OPH) beds** | 0 | 0 | 0 | |

**2C-2a. If the bed coverage rate for any housing type is 85% or below, describe how the CoC plans to increase this percentage over the next 12 months.**
**(limit 1000 characters)**

Since the 2015 HIC was submitted, 6 additional RHY beds began recording emergency shelter data in HMIS. Our largest coverage deficit comes from two faith-based shelters representing 184 beds. Both agencies have participated in the past, but chose not to continue due to limited staff capacity, user license restrictions and report limitations. With the adoption of a new lead agency for the North Carolina statewide HMIS implementation this year, our CoC now has access to manage HMIS licenses, build custom reports and implement streamlined data collection workflows that will benefit programs with high client turnover. We plan to use these new features to encourage the participation of our two faith-based organizations to increase the bed coverage rate above 85% for emergency shelter in HMIS over the next 12 months.

**2C-3. HUD understands that certain projects are either not required to or discouraged from participating in HMIS, and CoCs cannot require this if they are not funded through the CoC or ESG programs. This does NOT include domestic violence providers that are prohibited from entering client data in HMIS. If any of the project types listed in question 2C-2 above has a coverage rate of 85% or below, and some or all of these rates can be attributed to beds covered by one of the following programs types, please indicate that here by selecting all that apply from the list below. (limit 1000 characters)**

| | |
|---|---|
| **VA Domiciliary (VA DOM):** | |
| **VA Grant per diem (VA GPD):** | |
| **Faith-Based projects/Rescue mission:** | X |
| **Youth focused projects:** | |
| **HOPWA projects:** | |
| **Not Applicable:** | |

**2C-4. How often does the CoC review or assess its HMIS bed coverage?** Monthly

# 2D. Homeless Management Information System (HMIS) Data Quality

## Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

### 2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" during the time period of October 1, 2013 through September 30, 2014.

| Universal Data Element | Percentage Null or Missing | Percentage Client Doesn't Know or Refused |
|---|---|---|
| **3.1 Name** | 0% | 0% |
| **3.2 Social Security Number** | 2% | 6% |
| **3.3 Date of birth** | 3% | 0% |
| **3.4 Race** | 3% | 0% |
| **3.5 Ethnicity** | 3% | 0% |
| **3.6 Gender** | 3% | 0% |
| **3.7 Veteran status** | 0% | 0% |
| **3.8 Disabling condition** | 0% | 1% |
| **3.9 Residence prior to project entry** | 0% | 0% |
| **3.10 Project Entry Date** | 0% | 0% |
| **3.11 Project Exit Date** | 0% | 0% |
| **3.12 Destination** | 46% | 2% |
| **3.15 Relationship to Head of Household** | 31% | 0% |
| **3.16 Client Location** | 1% | 0% |
| **3.17 Length of time on street, in an emergency shelter, or safe haven** | 8% | 0% |

### 2D-2. Identify which of the following reports your HMIS generates. Select all that apply:

| | |
|---|---|
| **CoC Annual Performance Report (APR):** | X |
| **ESG Consolidated Annual Performance and Evaluation Report (CAPER):** | X |
| **Annual Homeless Assessment Report (AHAR) table shells:** | X |

| | |
|---|---|
| | |
| **None** | |

**2D-3. If you submitted the 2015 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR?** 12

**2D-4. How frequently does the CoC review data quality in the HMIS?** Monthly

**2D-5. Select from the dropdown to indicate if standardized HMIS data quality reports are generated to review data quality at the CoC level, project level, or both?** Both Project and CoC

**2D-6. From the following list of federal partner programs, select the ones that are currently using the CoC's HMIS.**

| | |
|---|---|
| **VA Supportive Services for Veteran Families (SSVF):** | X |
| **VA Grant and Per Diem (GPD):** | X |
| **Runaway and Homeless Youth (RHY):** | X |
| **Projects for Assistance in Transition from Homelessness (PATH):** | X |
| | |
| **None:** | |

**2D-6a. If any of the federal partner programs listed in 2D-6 are not currently entering data in the CoC's HMIS and intend to begin entering data in the next 12 months, indicate the federal partner program and the anticipated start date.**
**(limit 750 characters)**

N/A

# 2E. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count

### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

**The data collected during the PIT count is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level so they can best plan for services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country, and to provide Congress and the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. This information helps inform Congress' funding decisions, and it is vital that the data reported is accurate and of high quality.**

| | |
|---|---|
| **2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2015 sheltered PIT count?** | Yes |
| **2E-2. Indicate the date of the most recent sheltered PIT count (mm/dd/yyyy):** | 01/28/2015 |
| **2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD?** | Not Applicable |
| **2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX, (mm/dd/yyyy):** | 05/15/2015 |

# 2F. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Methods

## Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

### 2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2015 PIT count:

| | |
|---|---|
| **Complete Census Count:** | X |
| **Random sample and extrapolation:** | |
| **Non-random sample and extrapolation:** | |
| | |

### 2F-2. Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:

| | |
|---|---|
| **HMIS:** | X |
| **HMIS plus extrapolation:** | X |
| **Interview of sheltered persons:** | X |
| **Sample of PIT interviews plus extrapolation:** | |
| | |

### 2F-3. Provide a brief description of your CoC's sheltered PIT count methodology and describe why your CoC selected its sheltered PIT count methodology.
**(limit 1000 characters)**

For HMIS participating partners, HMIS data was used to compile the PIT count to provide the most complete census, consistent results from client information already being collected by trained staff during client intakes and to reduce the amount of manual de-duplication. Partners not participating in HMIS used a survey with HUD-mandated questions. If the provider has records that can answer PIT questions, the provider can complete the survey and indicate that they have done so on the survey. In order to complete the survey instrument accurately, trained staff and volunteers use personal interviews, case management files, and/or internal client database records. Survey results are compiled by staff, de-duplicated and presented to the Homeless Initiative Advisory Committee (HIAC) for review. The North Carolina Coalition to End Homelessness also offers feedback.

**2F-4. Describe any change in methodology from your sheltered PIT count in 2014 to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the PIT count). (limit 1000 characters)**

Our CoC conducted the same complete census sheltered count methodology in 2015 as 2014. HMIS was used by providers participating in the system while the remaining agencies use a standardized survey with HUD-mandated questions to ensure compliance with HUD requirements. The PIT Data Extrapolation Tool, published by HUD, was used to estimate missing demographic data.

**2F-5. Did your CoC change its provider coverage in the 2015 sheltered count?** Yes

**2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2015 sheltered count. (limit 750 characters)**

One of our Transitional Housing programs included 6 new Emergency Shelter beds in the 2015 PIT count. As this program was not participating in HMIS during the count, client surveys were used to collect data. Agency staff participated in CoC PIT training and received follow-up guidance from PIT coordinators. The resulting records were compared to HMIS by CoC staff for de-duplication.

# 2G. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Data Quality

## Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

### 2G-1. Indicate the methods used to ensure the quality of the data collected during the sheltered PIT count:

| | |
|---|---|
| **Training:** | X |
| **Provider follow-up:** | X |
| **HMIS:** | X |
| **Non-HMIS de-duplication techniques:** | X |
| | |

### 2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2014 to 2015 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)

To improve data quality, our CoC required HMIS participating providers to submit PIT data through HMIS. This allowed for a workflow integrated into existing client intake, consistent data collection, and automated de-duplication. Data collection training was provided to agencies to ensure data quality. CoC lead staff provided periodic data error reports to PIT partners prior to the count and assisted some programs with timely data entry after the count. Additionally, CoC staff conducted client surveys and compiled data for the community's largest emergency shelter which does not participate in HMIS.

# 2H. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count

### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

**The unsheltered PIT count assists communities and HUD to understand the characteristics and number of people with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground. CoCs are required to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, CoCs are strongly encouraged to conduct the unsheltered PIT count annually, at the same time that it does the annual sheltered PIT count. The last official PIT count required by HUD was in January 2015.**

| | |
|---|---|
| **2H-1. Did the CoC approve the final unsheltered PIT count methodology for the most recent unsheltered PIT count?** | Yes |
| **2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy):** | 01/28/2015 |
| **2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD?** | No |
| **2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy):** | 05/15/2015 |

# 2I. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Methods

## Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

### 2I-1. Indicate the methods used to count unsheltered homeless persons during the 2015 PIT count:

| | |
|---|---|
| **Night of the count - complete census:** | X |
| **Night of the count - known locations:** | X |
| **Night of the count - random sample:** | |
| **Service-based count:** | X |
| **HMIS:** | |
| | |

### 2I-2. Provide a brief description of your CoC's unsheltered PIT count methodology and describe why your CoC selected its unsheltered PIT count methodology. (limit 1000 characters)

People experiencing homelessness are notified that a count will be occurring ahead of time by outreach workers. Outreach workers plot the area to be covered by the count, and use their personal knowledge, reports from unsheltered people, interview with police and emergency services responders, and reports from other City/County departments like Parks&Recreation. Outreach workers then train volunteers and carry out the unsheltered count at a specified time in order to reduce duplication. On the day following the count, outreach workers and staff at the day shelter ask people where they stayed the night before and if they have been interviewed. If they stayed outside and were not counted, they are interviewed at that time.

**2I-3. Describe any change in methodology from your unsheltered PIT count in 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the count).**
**(limit 1000 characters)**

Our CoC conducted the same complete census count methodology in 2015 as 2014. Experienced outreach staff conducted interviews in known locations and with individuals accessing services at the day shelter. Due to the limited services data available in HMIS, the system was not used to evaluate the coverage of the unsheltered count as had been done in previous years.

**2I-4. Does your CoC plan on conducting an unsheltered PIT count in 2016?** Yes

(If "Yes" is selected, HUD expects the CoC to conduct an unsheltered PIT count in 2016. See the FY 2015 CoC Program NOFA, Section VII.A.4.d. for full information.)

# 2J. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Data Quality

## Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

### 2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2015 unsheltered population PIT count:

| | |
|---|---|
| **Training:** | X |
| **"Blitz" count:** | X |
| **Unique identifier:** | X |
| **Survey question:** | X |
| **Enumerator observation:** | |
| | |
| **None:** | |

### 2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)

The implementation of the 2015 unshelterd PIT count did not differ from the tactics used in 2014. Surveys include a screening question to verify homeless status and also have a space for people to provide self-identified initials to minimize duplication. Outreach workers are trained and train volunteers to include initials on all surveys. Surveys are then cross-checked for duplication by trained staff, and duplicates eliminated.

# 3A. Continuum of Care (CoC) System Performance

## Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

### 3A-1. Performance Measure: Number of Persons Homeless - Point-in-Time Count.

### * 3A-1a. Change in PIT Counts of Sheltered and Unsheltered Homeless Persons

Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2014 and 2015 PIT counts as recorded in the Homelessness Data Exchange (HDX).

| | | 2014 PIT (for unsheltered count, most recent year conducted) | 2015 PIT | Difference |
|---|---|---|---|---|
| **Universe: Total PIT Count of sheltered and unsheltered persons** | | 530 | 562 | 32 |
| **Emergency Shelter Total** | | 237 | 273 | 36 |
| **Safe Haven Total** | | 0 | 0 | 0 |
| **Transitional Housing Total** | | 228 | 215 | -13 |
| **Total Sheltered Count** | | 465 | 488 | 23 |
| **Total Unsheltered Count** | | 65 | 74 | 9 |

### 3A-1b. Number of Sheltered Persons Homeless - HMIS.

Using HMIS data, CoCs must use the table below to indicate the number of homeless persons who were served in a sheltered environment between October 1, 2013 and September 30, 2014.

| | | Between October 1, 2013 and September 30, 2014 |
|---|---|---|
| **Universe: Unduplicated Total sheltered homeless persons** | | 1,445 |
| **Emergency Shelter Total** | | 1,034 |
| **Safe Haven Total** | | 0 |
| **Transitional Housing Total** | | 537 |

### 3A-2. Performance Measure: First Time Homeless.

**Describe the CoC's efforts to reduce the number of individuals and families who become homeless for the first time. Specifically, describe what the CoC is doing to identify risk factors for becoming homeless for the first time.**
**(limit 1000 characters)**

The CoC supports prevention programs through Community Block Grant Funds (CDBG) and coordinates efforts throughout the CoC for outreach, information and referral for employment assistance, job training and legal services to prevent unlawful eviction and foreclosure which all work to reduce the incidents of first time homelessness. Local charities, the CoC, Council on Aging and Social Services coordinate through the Buncombe Emergency Assistance Coordinating Network (BEACON) to engage people in crisis seeking assistance through a 211 information line or in person at crisis centers with referral to a provider, assistance in filing out an application for federal entitlements or insurance, food assistance, medical care, emergency utility and rental assistance to those clients at risk of first time homelessness. The CoC Lead and legal services do presentations every 120 days at each of the 3 prisons in the CoC on housing, benefits and support services for those being released from prison.

### 3A-3. Performance Measure: Length of Time Homeless.

**Describe the CoC's efforts to reduce the length of time individuals and families remain homeless. Specifically, describe how your CoC has reduced the average length of time homeless, including how the CoC identifies and houses individuals and families with the longest lengths of time homeless.**
**(limit 1000 characters)**

The average time to PSH for individuals and families has been reduced from 151 days in FY13/14 to 146 days in FY14/15 despite a less than 1% percent vacancy rate in the CoC. Coordinated Assessment began in late 2014, to match homeless clients based on an acuity score with the most appropriate housing matches. Funding sources (ESG,HOME/TBRA) are being utilized to pay arears and house those not in need of permanent supportive housing which allows for PSH beds to be dedicated to the chronic homeless most in need. With a new lead agency for the North Carolina statewide HMIS implementation in May 2015, local CoC users have access to reports that identify length of stay information at both the program and client level. New reporting tools will support the CoC's ongoing HMIS data quality and program monitoring. The public housing authority also worked with the CoC on reducing its look back period on criminal convictions from 5 years to 3 for eligibility.

## * 3A-4. Performance Measure: Successful Permanent Housing Placement or Retention.

**In the next two questions, CoCs must indicate the success of its projects in placing persons from its projects into permanent housing.**

### 3A-4a. Exits to Permanent Housing Destinations:

In the chart below, CoCs must indicate the number of persons in CoC funded supportive services only (SSO), transitional housing (TH), and rapid re-housing (RRH) project types who exited into permanent housing destinations between October 1, 2013 and September 30, 2014.

| | | Between October 1, 2013 and September 30, 2014 |
|---|---|---|
| **Universe: Persons in SSO, TH and PH-RRH who exited** | | 0 |
| **Of the persons in the Universe above, how many of those exited to permanent destinations?** | | 0 |
| **% Successful Exits** | | 0.00% |

### 3A-4b. Exit To or Retention Of Permanent Housing:

In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2013 and September 31, 2014.

| | | Between October 1, 2013 and September 30, 2014 |
|---|---|---|
| **Universe: Persons in all PH projects except PH-RRH** | | 146 |
| **Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?** | | 139 |
| **% Successful Retentions/Exits** | | 95.21% |

## 3A-5. Performance Measure: Returns to Homelessness:

**Describe the CoC's efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe at least three strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness. (limit 1000 characters)**

The CoC has strategies in place to minimize returns to homelessness. With a new lead agency for the North Carolina HMIS, the CoC has access to a recidivism report that can identify individuals who have exited from PSH and returned to emergency shelter/transitional housing. The Projects for Assistance in Transition from Homelessness engage in active outreach to those that are unsheltered and account for returns to homelessness. This population are comprised primarily of those that cannot be counted because they were not engaged with services at exit within their given program. After identification, consultation as to what needs may have not been met in previous engagement, these individuals and families are linked to an appropriate provider through coordinated entry and assigned a housing case manager. A local Housing First provider is also working with the CoC Lead to develop a rental education program to help clients develop and implement good landlord relationships and as tenants.

### 3A-6. Performance Measure: Job and Income Growth.

**Describe specific strategies implemented by CoC Program-funded projects to increase the rate by which homeless individuals and families increase income from employment and non-employment sources (include at least one specific strategy for employment income and one for non-employment related income, and name the organization responsible for carrying out each strategy).**
**(limit 1000 characters)**

Individuals age 18-64 with disabilities are 11.2% of the population in Buncombe County. Smoky Mountain LME/MCO is working with several agencies to increase the probability of positive outcomes for homeless individuals and families with disabilities. In particular, Supported Employment provides assistance with choosing, acquiring, and maintaining jobs in the community for individuals 16 and older. This service is both person-centered and evidence-based with the expectation of competitive wages and jobs that promote careers and financial wellness. Individuals with MH/SU are served via Meridian Behavioral Health Services and Family Preservation Services. For Supported Employment Enterprise Development (SEED) project, Smoky is collaborating with Vocational Rehabilitation, I/DD and MH/SU providers, stakeholders and the North Carolina Business Leadership Network (NCBLN) to clear obstacles and connect workforce needs with the diverse untapped career potential of people with disabilities.

**3A-6a. Describe how the CoC is working with mainstream employment organizations to aid homeless individuals and families in increasing their income.**
**(limit 1000 characters)**

The NC Department of Commerce workforce solutions representative (NCWorks) participates in monthly meetings of the CoC and provides information on job fairs, employment workshops, monthly online job postings, Federal Bonding, Veteran's employment assistance, training programs and career development circulated throughout the CoC list-serve to assist homeless service providers. NCWorks employees a regional ex-offender employment specialist that also participates in the Homeless Coalition and engages local correctional institution social workers and re-entry service providers to employment opportunities, vocational training and education. Goodwill Industries WorkForce Development and Career Center, Vocational Rehabilitation Services and local area training and education programs regularly present or host CoC meetings and are engaged in the relevant sub-committees of the CoC around income attainment and employment.

**3A-7. Performance Measure: Thoroughness of Outreach.**

**How does the CoC ensure that all people living unsheltered in the CoC's geographic area are known to and engaged by providers and outreach teams?**
**(limit 1000 characters)**

The CoC's Projects for Assistance in Transition from Homelessness (PATH) Team is the primary outreach team, consisting of 3 full-time Qualified Mental Health Professionals and 1 full-time SOAR worker. This teams seeks out those who are homeless and in need of other support services to offer assistance on a daily basis, outreaching to all in need of housing in the geographic area. The PATH Team works out of centrally located local Housing First agency, so individuals and families can be quickly connected to supportive housing opportunities and services. The PATH Team, the CoC Lead, local law enforcement and the NC Department of Transportation follow the Homeless Camp Protocol to identify and connect unsheltered people with essential resources, housing providers and re-location assistance. The PATH Team in conjunction with the Homeless Camp Protocol ensure that the unsheltered are quickly identified within the CoC and linked to appropriate resources and housing opportunities.

| | |
|---|---|
| **3A-7a. Did the CoC exclude geographic areas from the 2015 unsheltered PIT count where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g., deserts)?** | No |

**3A-7b. What was the the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoC's unsheltered PIT count?**
**(limit 1000 characters)**

N/A

# 3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

## Objective 1: Ending Chronic Homelessness

### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

**Opening Doors, Federal Strategic Plan to Prevent and End Homelessness (as amended in 2015) establishes the national goal of ending chronic homelessness. Although the original goal was to end chronic homelessness by the end of 2015, that goal timeline has been extended to 2017. HUD is hopeful that communities that are participating in the Zero: 2016 technical assistance initiative will continue to be able to reach the goal by the end of 2016. The questions in this section focus on the strategies and resources available within a community to help meet this goal.**

### 3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

| | | 2014 (for unsheltered count, most recent year conducted) | 2015 | Difference |
|---|---|---|---|---|
| **Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons** | | 47 | 74 | 27 |
| **Sheltered Count of chronically homeless persons** | | 7 | 22 | 15 |
| **Unsheltered Count of chronically homeless persons** | | 40 | 52 | 12 |

### 3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, decrease, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2015 compared to 2014. To possibly receive full credit, both the overall total and unsheltered changes must be addressed. (limit 1000 characters)

Of the 74 chronically homeless individuals reported in the 2015 PIT, 55 were already on wait-lists for affordable units or had housing assistance subsidies in hand and were working with their housing case managers to locate an affordable unit. For the last 18 months, within our CoC, the rental vacancy rate is less than 1% regardless of income, so nearly three quarters of those individuals counted as chronically homeless would have been housed and likely became chronic while trying to secure a unit. Given the uniform increase in both the sheltered and unsheltered count, the lack of affordable housing has been identified as the main factor contributing to the 2015 spike in chronic homelessness at the end of a 10-year downward trend during which consistent PIT methodologies and proven CoC strategies were in use.

**3B-1.2. From the FY 2013/FY 2014 CoC Application: Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015.**
**(read only)**

Permanent supportive housing beds will be made available in 2014 through Shelter Plus Care priority slots for chronically homeless. Attached to this application is the chronically homeless prioritization policy that will be used by homeless housing providers. This was implemented in January, 2014. Using this priority policy, the turnover in Shelter Plus Care beds, a new PSH project that began in January, 2014 with 14 dedicated beds for chronically homeless, we will achieve the FY14 goal. In FY15, a housing development with 30 1-bedroom units dedicated to chronically homeless individuals will be completed for occupancy to meet the FY15 goal.

**3B-1.2a. Of the strategies listed in the FY 2013/FY 2014 CoC Application represented in 3B-1.2, which of these strategies and actions were accomplished?**
**(limit 1000 characters)**

In January 2014, the CoC the chronically homeless prioritization policy was adopted for homeless housing providers and was attached to the FY2014 CoC Collaborative Application. Using that policy, the stated goal of 14 dedicated beds from chronically homeless individuals and requiring turnover beds be utilized from chronic individuals, this goal was achieved. The housing development with 30 one bedroom units dedicated to chronically homeless individuals met with construction delays and will not be complete in 2015 as stated but is scheduled to be fully occupied by December 2016. The CoC has also included in the 2015 application, a new project that will provide 14 dedicated beds to chronically homeless individuals. This new project, the turnover beds in PSH that will be priority slots for chronically homeless combined with the 30 dedicated beds to be completed by December 2016 will surpass the total number of dedicated chronic beds as stated in the FY2013/2014 Application for the CoC.

### 3B-1.3. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count, as compared to those identified on the 2014 Housing Inventory Count.

| | 2014 | 2015 | Difference |
|---|---|---|---|
| Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC. | 220 | 0 | -220 |

### 3B-1.3a. Explain the reason(s) for any increase, decrease or no change in the total number of PSH beds (CoC Program and non CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count compared to those identified on the 2014 Housing Inventory Count. (limit 1000 characters)

Due to a data quality error, the 2015 HIC does not accurately reflect the number of chronic beds in our CoC. If we were able to make the correction (to account for 223 chronic beds), this would represent an increase of 3 from 2014 to 2015 designated for chronically homeless persons. Consistent with the CoC priority to end chronic homelessness, all CoC funded PSH beds are dedicated or prioritized to address chronic homelessness. The additional 3 CoC Funded beds were gained through a combination of client turnover and project bed management.

**3B-1.4. Did the CoC adopt the orders of priority in all CoC Program-funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status ?**

Yes

**3B-1.4a. If “Yes”, attach the CoC’s written standards that were updated to incorporate the order of priority in Notice CPD-14-012 and indicate the page(s) that contain the CoC’s update.**

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### 3B-1.5. CoC Program funded Permanent Supportive Housing Project Beds prioritized for serving people experiencing chronic homelessness in FY2015 operating year.

| Percentage of CoC Program funded PSH beds prioritized for chronic homelessness | | FY2015 Project Application |
|---|---|---|
| Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness. | | 22 |
| Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness that will be made available through turnover in the FY 2015 operating year. | | 2 |
| Based on all of the renewal project applications for PSH, enter the estimated number of PSH beds made available through turnover that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year. | | 2 |
| This field estimates the percentage of turnover beds that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year. | | 100.00% |

### 3B-1.6. Is the CoC on track to meet the goal of ending chronic homelessness by 2017? Yes

This question will not be scored.

### 3B-1.6a. If "Yes," what are the strategies implemented by the CoC to maximize current resources to meet this goal? If "No," what resources or technical assistance will be implemented by the CoC to reach the goal of ending chronically homeless by 2017? (limit 1000 characters)

The CoC adopted a chronically homeless prioritization policy for homeless housing providers in January 2014 that is in full effect. The CoC has also targeted decreasing this population as a priority in its strategic planning meetings. Using the adopted prioritization policy, 14 dedicated beds for chronically homeless individuals are slated for a new housing project for FY2015. A newly constructed housing development with 30 one bedroom units dedicated to chronically homeless individuals is scheduled to be completed and occupied by 2016. Turnover beds in PSH will be priority slots for the chronically homeless under the chronic homeless prioritization policy. Guidance from local providers and local government, the Consolidated Plan, the CoC and its sub-committees on Chronic, Hard-to-House and Veteran Homelessness and their workgroups are assisting in the strategic planning and will establish annual goals decreasing the number of chronic homeless in the community.

# 3B. Continuum of Care (CoC) Strategic Planning Objectives

## Objective 2: Ending Homelessness Among Households with Children and Ending Youth Homelessness

### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

**Opening Doors outlines the goal of ending family (Households with Children) and youth homelessness by 2020. The following questions focus on the various strategies that will aid communities in meeting this goal.**

### 3B-2.1. What factors will the CoC use to prioritize households with children during the FY2015 Operating year? (Check all that apply).

| | |
|---|---|
| **Vulnerability to victimization:** | X |
| **Number of previous homeless episodes:** | X |
| **Unsheltered homelessness:** | X |
| **Criminal History:** | |
| **Bad credit or rental history (including not having been a leaseholder):** | |
| **Head of household has mental/physical disabilities:** | X |
| | |
| | |
| **N/A:** | |

### 3B-2.2. Describe the CoC's plan to rapidly rehouse every family that becomes homeless within 30 days of becoming homeless on the street or entering shelter.
### (limit 1000 characters)

Information, referral and collaboration by CoC agencies, housing providers, faith based organizations, public schools, and legal services have all helped quickly connect homeless families to available resources and housing programs in the CoC. Homeless families are assessed using a standardized assessment tool, come through the coordinated entry system and are assigned to a housing case manager based on their level of need for services in conjunction with the proper housing program match. In the event the family is fleeing domestic violence, a Danger Assessment is completed that affects the overall vulnerability score. Using ESG and HOME funds for Tenant Based Rental Assistance for quicker placement in scattered sites across the CoC combined with efforts of the local public housing entity which re-tooled and re-assigned its larger units at lease end that were occupied by single tenants for many years and gave homeless families priority in placement.

### 3B-2.3. Compare the number of RRH units available to serve families from the 2014 and 2015 HIC.

| | | 2014 | 2015 | Difference |
|---|---|---|---|---|
| **RRH units available to serve families in the HIC:** | | 13 | 30 | 17 |

### 3B-2.4. How does the CoC ensure that emergency shelters, transitional housing, and permanent housing (PSH and RRH) providers within the CoC do not deny admission to or separate any family members from other members of their family based on age, sex, or gender when entering shelter or housing? (check all strategies that apply)

| | |
|---|---|
| **CoC policies and procedures prohibit involuntary family separation:** | |
| **There is a method for clients to alert CoC when involuntarily separated:** | X |
| **CoC holds trainings on preventing involuntary family separation, at least once a year:** | |
| | |
| | |
| **None:** | |

### 3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

**PIT Count of Homelessness Among Households With Children**

| | 2014 (for unsheltered count, most recent year conducted) | 2015 | Difference |
|---|---|---|---|
| **Universe: Total PIT Count of sheltered and unsheltered homeless households with children:** | 20 | 19 | -1 |
| **Sheltered Count of homeless households with children:** | 20 | 19 | -1 |
| **Unsheltered Count of homeless households with children:** | 0 | 0 | 0 |

### 3B-2.5a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless households with children in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)

The small decrease represents practically no change in the relatively low incidence of families experiencing homelessness in our COC. Historically, our community maintains strong support networks consisting of family, friends and community groups for households with children, which often reduces the duration of most homeless episodes as well. With the rental vacancy rate at approximately 1% in our community, the lack of affordable units continues to be a challenge in moving families into stable housing.

### 3B-2.6. Does the CoC have strategies to address the unique needs of unaccompanied homeless youth (under age 18, and ages 18-24), including the following:

| | |
|---|---|
| **Human trafficking and other forms of exploitation?** | Yes |
| **LGBTQ youth homelessness?** | Yes |
| **Exits from foster care into homelessness?** | Yes |
| **Family reunification and community engagement?** | Yes |
| **Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?** | Yes |
| **Unaccompanied minors/youth below the age of 18?** | Yes |

## 3B-2.6a. Select all strategies that the CoC uses to address homeless youth trafficking and other forms of exploitation.

| | |
|---|---|
| **Diversion from institutions and decriminalization of youth actions that stem from being trafficked:** | |
| **Increase housing and service options for youth fleeing or attempting to flee trafficking:** | X |
| **Specific sampling methodology for enumerating and characterizing local youth trafficking:** | |
| **Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:** | X |
| **Community awareness training concerning youth trafficking:** | X |
| | |
| **N/A:** | |

## 3B-2.7. What factors will the CoC use to prioritize unaccompanied youth (under age 18, and ages 18-24) for housing and services during the FY2015 operating year? (Check all that apply)

| | |
|---|---|
| **Vulnerability to victimization:** | X |
| **Length of time homeless:** | X |
| **Unsheltered homelessness:** | X |
| **Lack of access to family and community support networks:** | X |
| Mental Health/Intellectual Developmental Delay | X |
| | |
| **N/A:** | |

## 3B-2.8. Using HMIS, compare all unaccompanied youth (under age 18, and ages 18-24) served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2013 (October 1, 2012 - September 30, 2013) and FY 2014 (October 1, 2013 - September 30, 2014).

| | FY 2013 (October 1, 2012 - September 30, 2013) | FY 2014 (October 1, 2013 - September 30, 2104) | Difference |
|---|---|---|---|
| **Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:** | 100 | 73 | -27 |

### 3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 is lower than FY 2013, explain why. (limit 1000 characters)

Effective discharge planning, information and referral by CoC agencies, outreach by Projects for Assistance in Transition from Homelessness, local institutions and public schools have all helped reduce the number of unsheltered unaccompanied youth and children in the CoC. School Homeless Liaisons, Department of Health and Human Services, staff from the unaccompanied youth shelter, legal services, shelter staff and housing case managers meet monthly for the Family and Youth Sub-Committee of the CoC and evaluates the progress of the community in addressing the needs of homeless youth, does client based case conferencing with a signed Release of Information and exchanges information about existing programs within the CoC and any changes in local/federal systems and law that affect the entitlements and programs for youth and children. Any unsheltered youth or child within this demographic has an immediate mechanism to access services and housing providers in the Continuum of Care.

### 3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2015 to projected funding for CY 2016.

| | Calendar Year 2015 | Calendar Year 2016 | Difference |
|---|---|---|---|
| **Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):** | $545,154.00 | $569,470.00 | $24,316.00 |
| **CoC Program funding for youth homelessness dedicated projects:** | $0.00 | $0.00 | $0.00 |
| **Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):** | $545,154.00 | $569,470.00 | $24,316.00 |

### 3B-2.10. To what extent have youth housing and service providers and/or State or Local educational representatives, and CoC representatives participated in each other's meetings over the past 12 months?

| Cross-Participation in Meetings | # Times |
|---|---|
| **CoC meetings or planning events attended by LEA or SEA representatives:** | 8 |
| **LEA or SEA meetings or planning events (e.g. those about child welfare, juvenille justice or out of school time) attended by CoC representatives:** | 3 |
| **CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):** | 10 |

**3B-2.10a. Given the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local eduction liaisons and State educational coordinators.
(limit 1000 characters)**

Two public school systems and a community college exist in our CoC and they employ a Homeless Liaison, staff person or a social worker who focus on identification and outreach to homeless youth and families with children. Representatives sit on the CoC Board, the Family and Homeless Youth Sub-Committee and the Homeless Coalition and participate in planning, evaluation and efficacy of CoC programs and strategies that target this population. The CoC Lead Chairs the Family and Homeless Youth Sub-Committee whose composition has representatives from HeadStart, early childhood development and assistance programs and the public school system liaisons. Those representatives consistently educate the CoC on policy and appropriate referral and resources for families and youth and assist in planning and strategies for the CoC that target this population.

**3B-2.11. How does the CoC make sure that homeless participants are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow. In addition, include how the CoC, together with its youth and educational partners (e.g. RHY, schools, juvenilee justice and children welfare agencies), identifies participants who are eligible for CoC or ESG programs.
(limit 2000 characters)**

Each agency that works with children within the CoC has a policy that requires children to be enrolled in school and are required to make appropriate referral to an education liaison or social worker in the public school system or early childhood development representative from an area service provider. If children are younger than school-age, but eligible for Head Start, families are required to enroll their children in Head Start. To facilitate that process and ensure policy implementation, Head Start workers and Homeless School Liaisons for the appropriate school district are in consistent contact with shelter and outreach case managers of service and shelter providers. Head Start case managers and school Homeless Liaison social workers are active members of the Homeless Coalition, and provide regular training and education to the whole CoC for appropriate referral for families with school age children. Education programs are conducted by the school social workers at the shelters and at after-school programs that serve low and no income families who may be at risk of homelessness. Families can also be identified by calling a community information line (United Way's 211), are identified by law enforcement, or the Book Mobile staff then they are directly linked to both shelter and the appropriate school system social worker for assistance. For unaccompanied youth, plans are made to access educational services beyond public high school, often linking them to the local technical college's homeless student liaison and giving assistance filing the FASFA for Pell Grants to continue their education.

# 3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

## Objective 3: Ending Veterans Homelessness

### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

**Opening Doors outlines the goal of ending Veteran homelessness by the end of 2015. The following questions focus on the various strategies that will aid communities in meeting this goal.**

### 3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

| | 2014 (for unsheltered count, most recent year conducted) | 2015 | Difference |
|---|---|---|---|
| **Universe: Total PIT count of sheltered and unsheltered homeless veterans:** | 226 | 209 | -17 |
| **Sheltered count of homeless veterans:** | 219 | 194 | -25 |
| **Unsheltered count of homeless veterans:** | 7 | 15 | 8 |

### 3B-3.1a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless veterans in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)

The overall decrease in number of homeless Veterans is likely due to an increase in HUD/VASH vouchers as well as an increase in SSVF funding for rapid rehousing for specific use within Buncombe County. The potential reasons for the increase in the number of unsheltered Veterans is difficult to pinpoint, however various factors may be involved. The temperature was below freezing on the night of the PIT counts which certainly impacts shelter occupancy rates. The community has also increased outreach efforts as a whole. Veteran status is also self- reported during the PIT count, thereby possibly contributing to some errors in the data. Further, Buncombe County has one of the largest transitional housing programs in the country attracting many Veterans in need, which coupled with the local housing shortage could be increasing unsheltered numbers.

### 3B-3.2. How is the CoC ensuring that Veterans that are eligible for VA services are identified, assessed and referred to appropriate resources, i.e. HUD-VASH and SSVF? (limit 1000 characters)

Outreach is done at multiple sites including A-Hope, Emergency Day Shelter, Charles George VAMC Walk-In Clinic, and Veterans Restoration Quarters Emergency Overnight Shelter. Representatives from VA Homeless Program, SSVF grantees, and VRQ personnel make contact with un-engaged/newly engaged homeless Veterans in our community to assess needs through coordinated process, i.e. VI-SPDAT. When a Veteran is identified who is not yet receiving care through VA, outreach workers collaborate to confirm eligibility and enroll in healthcare services. Through VI-SPDAT assessment Veteran's preferences are identified and release of information consent is obtained. Then, if the Veteran consents, his/her needs are presented to weekly V-CAM and Veteran is referred to appropriate housing resource at that time matched to his/her needs.

### 3B-3.3. For Veterans who are not eligible for homeless assistance through the U.S Department of Veterans Affairs Programs, how is the CoC prioritizing CoC Program-funded resources to serve this population? (limit 1000 characters)

Veterans who are not eligible for VA healthcare are sent through the civilian coordinated assessment process and presented at the civilian Coordinated Assessment Meeting (CAM) to ensure that they do not fall through the cracks and are also linked with needed housing assistance. In addition, those Veterans who are not eligible for VA healthcare, but did serve at least 1 day of active duty in the military and do not have a dishonorable discharge are eligible for Grant and Per Diem transitional housing. The VA locally has partnerships with two community agencies, Asheville Buncombe Community Christian Ministry and FIRST at Blue Ridge, Inc,, who collectively provide 184 VA grant funded transitional housing beds for men, women, and women with children. FIRST at Blue Ridge is a therapeutic community providing substance abuse treatment for both men and women. Between the transitional housing opportunities available and the civilian CAM meetings, the CoC ensures these Veterans are served.

### 3B-3.4. Compare the total number of homeless Veterans in the CoC AND the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2015 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).

| | 2010 (or 2009 if an unsheltered count was not conducted in 2010) | 2015 | % Difference |
|---|---|---|---|

| | | | |
|---|---|---|---|
| **Total PIT count of sheltered and unsheltered homeless veterans:** | 200 | 209 | 4.50% |
| **Unsheltered count of homeless veterans:** | 9 | 15 | 66.67% |

**3B-3.5. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2015.** Yes

This question will not be scored.

**3B-3.5a. If "Yes," what are the strategies being used to maximize your current resources to meet this goal? If "No," what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2015?
(limit 1000 characters)**

The CoC will be at our functional zero for Veteran homelessness by the end of 2015. Improving program effectiveness, outcomes and maximizing utilization of Housing Support Specialists in HUD/VASH is a part of this strategy. There are weekly admission groups to streamline the efficiency of the process intent on decreasing HUD/VASH negative discharges. This includes weekly HUD/VASH support groups for participants, an RN to ensure medical needs are being met, and access to the HCHV Community Employment Coordinator. SSVF is fully integrated into the CoC's Coordinated Assessment Process. Outreach efforts are increasing the engagement of unsheltered Veterans in campsites and emergency overnight shelters. Efforts are ongoing to support development of additional affordable housing units designated for Veterans. VA also participates in the City of Asheville's Housing Fair to recruit landlords and with the Mayoral Challenge, ongoing awareness and political support in our community continues.

# 4A. Accessing Mainstream Benefits

## Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

**4A-1. Does the CoC systematically provide information to provider staff about mainstream benefits, including up-to-date resources on eligibility and mainstream program changes that can affect homeless clients?** Yes

**4A-2. Based on the CoC's FY 2015 new and renewal project applications, what percentage of projects have demonstrated that the project is assisting project participants to obtain mainstream benefits, which includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?**

**FY 2015 Assistance with Mainstream Benefits**

| | |
|---|---|
| **Total number of project applications in the FY 2015 competition (new and renewal):** | 7 |
| **Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 3a, 3b, 3c, 4, and 4a on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).** | 7 |
| **Percentage of renewal and new project applications in the FY 2015 competition that have demonstrated assistance to project participants to obtain mainstream benefits:** | 100% |

**4A-3. List the healthcare organizations you are collaborating with to facilitate health insurance enrollment (e.g. Medicaid, Affordable Care Act options) for program participants. For each healthcare partner, detail the specific outcomes resulting from the partnership in the establishment of benefits for program participants.
(limit 1000 characters)**

Several entities, Pisgah Legal Services, Council on Aging and Mountain Area Healthcare and Education Center (MAHEC) have Health Insurance Navigators within the CoC that are designed to outreach and assist individuals/families enroll in the ACA or make referral to Medicaid/Medicare. The Navigators meet regularly with the Homeless Coalition, do outreach onsite at homeless service providers, SA/MH and correctional facilities to assist individuals/families to acquire insurance under the ACA. The Navigators evaluate the options available in the State that will work for the individual/family, explain tax liabilities/credits and calculate subsidy for the premiums. MAHEC also has Project Access (coordinated healthcare for the uninsured) the hospital has representation on the CoC and both entities have partnered to provide services to a new FQHC that will provide healthcare to the homeless and opportunities for individuals/families to enroll in the ACA or other federal healthcare entitlements.

### 4A-4. What are the primary ways that the CoC ensures that program participants with health insurance are able to effectively utilize the healthcare benefits available?

| | |
|---|---|
| **Educational materials:** | X |
| **In-Person Trainings:** | X |
| **Transportation to medical appointments:** | X |
| | |
| | |
| | |
| **Not Applicable or None:** | |

# 4B. Additional Policies

## Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

### 4B-1. Based on the CoC's FY 2015 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH) and SSO (non-Coordinated Entry) projects in the CoC are low barrier? Meaning that they do not screen out potential participants based on those clients possessing a) too little or little income, b) active or history of substance use, c) criminal record, with exceptions for state-mandated restrictions, and d) history of domestic violence.

### FY 2015 Low Barrier Designation

| | |
|---|---|
| **Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2015 competition (new and renewal):** | 7 |
| **Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2015 competition:** | 7 |
| **Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2015 competition that will be designated as "low barrier":** | 100% |

### 4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), RRH, SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2015 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

### FY 2015 Projects Housing First Designation

| | |
|---|---|
| **Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2015 competition (new and renewal):** | 7 |
| **Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2015 competition:** | 7 |
| **Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2015 competition that will be designated as Housing First:** | 100% |

### 4B-3. What has the CoC done to ensure awareness of and access to housing and supportive services within the CoC's geographic area to persons that could benefit from CoC-funded programs but are not currently participating in a CoC funded program? In particular, how does the CoC reach out to for persons that are least likely to request housing or services in the absence of special outreach?

| | |
|---|---|
| **Direct outreach and marketing:** | X |
| **Use of phone or internet-based services like 211:** | X |
| **Marketing in languages commonly spoken in the community:** | X |
| **Making physical and virtual locations accessible to those with disabilities:** | |
| | |
| | |
| | |
| **Not applicable:** | |

### 4B-4. Compare the number of RRH units available to serve any population from the 2014 and 2015 HIC.

| | | 2014 | 2015 | Difference |
|---|---|---|---|---|
| **RRH units available to serve any population in the HIC:** | | 19 | 64 | 45 |

### 4B-5. Are any new proposed project applications requesting $200,000 or more in funding for housing rehabilitation or new construction?

No

### 4B-6. If "Yes" in Questions 4B-5, then describe the activities that the project(s) will undertake to ensure that employment, training and other economic opportunities are directed to low or very low income persons to comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD's implementing rules at 24 CFR part 135?
**(limit 1000 characters)**

N/A

| | |
|---|---|
| **4B-7. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes?** | No |

**4B-7a. If "Yes" in Question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan.
(limit 2500 characters)**

N/A

| | |
|---|---|
| **4B-8. Has the project been affected by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2015 CoC Program Competition?** | No |

**4B-8a. If "Yes" in Question 4B-8, describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD.
(limit 1500 characters)**

N/A

| | |
|---|---|
| **4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD in the past two years (since the submission of the FY 2012 application)? This response does not affect the scoring of this application.** | Yes |

## 4B-9a. If "Yes" to Question 4B-9, check the box(es) for which technical assistance was requested.

This response does not affect the scoring of this application.

| | |
|---|---|
| **CoC Governance:** | |
| **CoC Systems Performance Measurement:** | |
| **Coordinated Entry:** | |
| **Data reporting and data analysis:** | X |
| **HMIS:** | |
| **Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:** | X |
| **Maximizing the use of mainstream resources:** | |
| **Retooling transitional housing:** | |
| **Rapid re-housing:** | |
| **Under-performing program recipient, subrecipient or project:** | |
| Grant Consolidation/Transfer of Grantee | X |
| **Not applicable:** | |

## 4B-9b. If TA was received, indicate the type(s) of TA received, using the categories listed in 4B-9a, the month and year it was received and then indicate the value of the TA to the CoC/recipient/subrecipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.

This response does not affect the scoring of this application.

| Type of Technical Assistance Received | Date Received | Rate the Value of the Technical Assistance |
|---|---|---|
| Grant Consolidation | 10/02/2014 | 5 |
| Transfer of Grantee | 10/02/2014 | 5 |
| Data reporting and data analysis | 10/23/2014 | 4 |
| Vets@HOME TA | 11/10/2015 | 4 |
| | | |

# 4C. Attachments

## Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

For required attachments related to rejected projects, if the CoC did not reject any projects then attach a document that says "Does Not Apply".

| Document Type | Required? | Document Description | Date Attached |
|---|---|---|---|
| 01. 2015 CoC Consolidated Application: Evidence of the CoC's Communication to Rejected Projects | Yes | Dated email messa... | 11/19/2015 |
| 02. 2015 CoC Consolidated Application: Public Posting Evidence | Yes | Public Posting Ev... | 11/19/2015 |
| 03. CoC Rating and Review Procedure | Yes | Funding Summary, ... | 11/19/2015 |
| 04. CoC's Rating and Review Procedure: Public Posting Evidence | Yes | Rating and Revie... | 11/19/2015 |
| 05. CoCs Process for Reallocating | Yes | Documentation of ... | 11/19/2015 |
| 06. CoC's Governance Charter | Yes | Governance Docume... | 11/19/2015 |
| 07. HMIS Policy and Procedures Manual | Yes | HMIS Policies and... | 11/19/2015 |
| 08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes | No | | |
| 09. PHA Administration Plan (Applicable Section(s) Only) | Yes | Asheville Housing... | 11/19/2015 |
| 10. CoC-HMIS MOU (if referenced in the CoC's Goverance Charter) | No | MOU between CoC N... | 11/19/2015 |
| 11. CoC Written Standards for Order of Priority | No | Written Standards... | 11/19/2015 |
| 12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes | No | | |
| 13. Other | No | Coordinated Asses... | 11/19/2015 |
| 14. Other | No | VA@HOME Technical... | 11/19/2015 |
| 15. Other | No | FY2015 SSVF Commu... | 11/19/2015 |

# Attachment Details

**Document Description:** Dated email message and website where decisions and rankings were posted

# Attachment Details

**Document Description:** Public Posting Evidence Email and Website Screenshot

# Attachment Details

**Document Description:** Funding Summary, Scoring Criteria and Project Scorcard

# Attachment Details

**Document Description:** Rating and Review Procedure Public Posting Evidence Files

# Attachment Details

**Document Description:** Documentation of no reallocation

# Attachment Details

**Document Description:** Governance Documents for NC-501

# Attachment Details

**Document Description:** HMIS Policies and Procedures Adopted by CoC NC-501

# Attachment Details

**Document Description:**

# Attachment Details

**Document Description:** Asheville Housing Authority Homeless Preference

# Attachment Details

**Document Description:** MOU between CoC NC-501 and HMIS Lead Agency - Michigah Coalition to End Homlessnes

# Attachment Details

**Document Description:** Written Standards for Chronically Homeless Prioritization for Permanent Supportive Housing

# Attachment Details

**Document Description:**

# Attachment Details

**Document Description:** Coordinated Assessment Policies and Procedures for NC-501

# Attachment Details

**Document Description:** VA@HOME Technical Assistance Scope of Work

# Attachment Details

**Document Description:** FY2015 SSVF Community Plan Summary

# Submission Summary

| Page | Last Updated |
|---|---|
| **1A. Identification** | 11/13/2015 |
| **1B. CoC Engagement** | 11/19/2015 |
| **1C. Coordination** | 11/18/2015 |
| **1D. CoC Discharge Planning** | 11/13/2015 |
| **1E. Coordinated Assessment** | 11/19/2015 |
| **1F. Project Review** | 11/19/2015 |
| **1G. Addressing Project Capacity** | 11/14/2015 |
| **2A. HMIS Implementation** | 11/19/2015 |
| **2B. HMIS Funding Sources** | 11/17/2015 |
| **2C. HMIS Beds** | 11/19/2015 |
| **2D. HMIS Data Quality** | 11/16/2015 |
| **2E. Sheltered PIT** | 11/19/2015 |
| **2F. Sheltered Data - Methods** | 11/17/2015 |
| **2G. Sheltered Data - Quality** | 11/17/2015 |
| **2H. Unsheltered PIT** | 11/18/2015 |
| **2I. Unsheltered Data - Methods** | 11/18/2015 |
| **2J. Unsheltered Data - Quality** | 11/18/2015 |
| **3A. System Performance** | 11/19/2015 |
| **3B. Objective 1** | 11/19/2015 |
| **3B. Objective 2** | 11/18/2015 |
| **3B. Objective 3** | 11/13/2015 |
| **4A. Benefits** | 11/18/2015 |
| **4B. Additional Policies** | 11/18/2015 |
| **4C. Attachments** | 11/19/2015 |
| **Submission Summary** | No Input Required |

## Jonathon Jones

**From:** Christiana Glenn Tugman
**Sent:** Wednesday, November 18, 2015 10:35 PM
**To:** Allison Bond; Amy Hobson; Angie Pittman; April Burgess-Johnson; Asheville Homeless Network; Brian Alexander; Brooks Ann McKinney; Carlos Gomez; CelesteC@ontrackwnc.org; Chuck Rosenblum; David Nash; dggarrett1@gmail.com; Gordon Smith; Greta Byrd; Heather Dillashaw; Jay Lively; Jeff Staudinger; Jonathon Jones; Kristi Case; 'Lance Edwards'; Mary Sczudlo; micheal@westerncarolinarescue.org; Rich Munger (richardmunger44@gmail.com); 'Richard Leatherman'; robin@pisgahlegal.org; Sabrah n'raHaven; Sarah Lancaster; Scott Parker; 'Scott Rogers'; Sioux Free; Whitney Lott
**Subject:** FY2015 NC-501 Collaborative Application submission and Priority Listing

All,

Please find a copy of the FY2015 NC-501 Collaborative Application submission for NC-501 and the CoC Priority Listing posted at the web address below.
Both parts of this Collaborative Application will be submitted for the FY2015 Competition which closes November 20, at 7:59.59 pm.

http://www.ashevillenc.gov/Departments/CommunityDevelopment/FundingPrograms.aspx

Thank you,

Christiana Glenn Tugman
Homelessness Lead
The Asheville-Buncombe Homeless Initiative
Community and Economic Development
P.O. Box 7148
Asheville, NC 28802
t.(828) 251-4048
c.(828) 231-5682
CTugman@ashevillenc.gov

Jonathon Jones
HMIS Local System Administrator/Administrative Assistant
Community Development
City of Asheville
P.O. Box 7148
Asheville, NC 28802
jjones2@ashevillenc.gov
(828) 259-5733

# Funding Programs



IN THIS SECTION

- Community Development Block Grant
- Home Investment Partnership Program
- Affordable Housing Fee Rebate Program
- Housing Trust Fund

## 2015 Housing Trust Fund Notice of Funding Availability

The City of Asheville Community & Economic Development Department is now accepting applications for funding from the City of Asheville's Housing Trust Fund.

**Applications are due by 5:00 P.M. EST on Thursday, December 10, 2015**, and must be submitted electronically to cdapplications@ashevillenc.gov. Eligibility requirements and application materials are available through the following link: Housing Trust Fund.

The Housing and Community Development Committee will review applications and make funding recommendations at their January 19, 2016 meeting, with awards made by the Asheville City Council.

For questions, contact Chris Hnatin at chnatin@ashevillenc.gov or 828-259-5728.

## 2015-16 HOME Reallocation Application Process

A special Consortium meeting will be held December 2, 2015 at 10:00 AM in the 6th Floor Training Room of City Hall to hear

presentations and determine reallocated funding awards.

For questions, contact Heather Dillashaw at hdillashaw@ashevillenc.gov or 828-259-5851.

---

### 2015 CoC Program Funding Process Competition

*The Notice of Funding Availability (NOFA) for the Fiscal Year (FY) 2015 Funds in the FY 2015 Continuum of Care (CoC) Program Competition* (FY 2015 CoC Program Funding Notice) has been posted to FY 2015 Continuum of Care (CoC) Program Competition: Funding Availability page on the HUD Exchange.

The FY 2015 CoC Priority Listing and Project Applications are now available in *e-snaps*.

***Submission Deadline: November 20, 2015 at 7:59:59 PM Eastern Time***

HUD strongly encourages Collaborative Applicants, project applicants, project sub-recipients, and other CoC stakeholders to review the FY 2015 CoC Funding Notice, FY 2015 CoC Program Competition NOFA, FY 2015 General Section NOFA, and General Section Technical Correction to ensure proper consideration of all application requirements.

Project Applications will be reviewed and written notification regarding whether their project application(s) would be included as part of the CoC Consolidated Application submission to all project applicants no later than close of business November 6, 2015.

All parts of the completed CoC Consolidated Application will be available to the community for inspection. A copy can be obtained by a verbal or written request to Christiana Glenn Tugman, CoC Lead, or at http://www.ashevillenc.gov/Departments/CommunityDevelopment/FundingPrograms

The CoC used Rating and Review Procedures described in the NC-501 FY2015 CoC Tier 1 and Tier 2 Funding Summary and Scoring Criteria and the NC-501 FY2015 NOFA Application Scorecard. The Project Applications are ranked as part of the FY2015-16 NC-501 Asheville-Buncombe Continuum of Care Collaborative Application Priority Listing.

Arrangements will be made to provide and review any or all parts of the CoC Consolidated Application in a manner that is effective for persons with disabilities and any person with limited English proficiency.

The Consolidated Application can be downloaded from the following link:

**FY2015 NC-501 Asheville-Buncombe Continuum of Care Collaborative Application Submission**

Additional information can be found at www.hudexchange.info or you may contact Christiana Glenn Tugman at 828-251-4048; P.O. Box 7148, Asheville, NC 28802 or by email; ctugman@ashevillenc.gov

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### FY 2015-16 Annual Action Plan

Funding recommendations for the use of CDBG and HOME funds during FY 2015-2016 were made at the Housing and Community Development's meeting on March 19, 2015 for CDBG funds, and at the Asheville Regional Housing Consortium meeting on March 23, 2015 for HOME funds. Asheville City Council approved the Annual Action Plan at their April 28, 2015 meeting. See link below for a copy of the approved plan:

2015-2016 Annual Action Plan

---

## Community Development Block Grant (CDBG)

CDBG is a federal grant program through Housing and Urban Development (HUD) proving grant funds for a variety of projects and programs that serve Low and Moderate income residents or eliminate slum and blight.

### Land Use Incentive Grant (LUIG)

This policy is intended to provide incentives to encourage development projects that fulfill important public purposes that include directly addressing annual strategic goals set by the City Council. It offers discretionary approval of incentives that the Council may choose to grant to projects they believe best achieve their goals. For more information, please see the attached Land Use Incentive Policy.

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The City of Asheville's Fee Rebate Program provides a rebate of approximately 50% of building permit, water connection and sewer facility fees associated with the construction of new affordable housing. Depending on the size and design of the unit, the rebate may be as much as $2,000. Information on how to apply for a fee rebate can be accessed by selecting the "How Do I Apply for a Fee Rebate" link.

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The City of Asheville's Housing Trust Fund was created in 2000, to provide a source of local funding to assist in the development of affordable housing in Asheville. Assistance is available in the form of repayable loans at a low rate of interest.

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The Department of Housing and Urban Development Continuum of Care (CoC) Grant funds housing and services for people who are

The Department of Housing and Urban Development Continuum of Care (CoC) Grant funds housing and services for people who are experiencing homelessness. For current submitted applications, click here.

### Contact Information

Jeff Staudinger, Assistant Director of Community & Economic Development

City of Asheville Planning & Development Department

Phone: 828-259-5723

**NC 501 Asheville-Buncombe**
**Evidence of the CoC's Communication to Rejected Projects**

NC 501 Asheville-Buncombe CoC did not reject any project applications in the FY2015 CoC program competition and this document does not apply.

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### Contact Information

Jeff Staudinger, Assistant Director of Community & Economic Development

City of Asheville Planning & Development Department

Phone: 828-259-5723

# NC-501 FY2015 CoC Tier 1 and Tier 2 Funding Summary and Scoring Criteria

For the FY2015, there is a two tiered funding approach. CoC's should carefully consider the priority ranking for all project applications submitted. Planning Projects are not ranked.

**TIER 1**

The amount of funding available for Tier 1 is equal to 85 percent ($1,016,937) of the CoC's annual renewal demand (ARD=$1,196,396). HUD will conditionally award projects from the highest scoring CoC to the lowest scoring CoC. Projects should be placed in priority order following the review and ranking evaluation criteria attached.

**TIER 2**

The amount of funding available for Tier 2 is equal to the difference between Tier 1 and the CoC's annual renewal demand (ARD) plus any amount available for the permanent housing bonus. Tier 2 projects will receive a point value and will be selected by the project's point value and in the order of the CoC score:

- Funding by HUD will be determined by the point value of each project application based on a 100 point scale.
- All Tier 2 projects will be funded in point order starting with the highest scoring projects

**TIER 2 Point Value**

**60 points:** CoC Score (in direct proportion to the CoC application score)

**20 points:** CoC ranking of the project applications

**10 points:** Renewal and new Permanent Housing, renewal Safe Haven, Homeless Management Information System, Supportive Services Only for Coordinated Entry System, or Transitional Housing that exclusively serves homeless youth

**3 points:** Renewal Transitional Housing

**1 point:** Renewal Supportive Services Only project applications

**10 points:** Commitment to Housing First

# PROJECT APPLICATION EVALUATION CRITERIA

1. Does the project use a Housing First approach?

2. Does the project prioritize the most vulnerable populations in the community?

- Persons experiencing Chronic Homelessness
- Veterans
- Families with Children
- Victims of Domestic Violence
- Youth

3. How well is the project performing in achieving stated outcomes? Review Annual Performance Review (APR) if applicable for objective measurable outcomes in Standard Performance Measures.

- Permanent Housing and Transitional Housing, projects should at least meet the HUD goal of 80% housed at exit
- Connecting clients to mainstream benefits
- Increasing/maintaining income or connecting clients to educational opportunities
- Connecting clients to mainstream benefits
- Housing stability

4. Does the project have a budget that makes sense? Review project budget for:

- Cost-effectiveness
- Budget appropriate based on difficulty of number of persons served, population type served in project, capacity, and number of permanent housing exits if applicable

5. Does the project fully participate in the CoC's Coordinated Entry System?

6. Does the project coordinate services and demonstrate effective case management?

- Participation in CoC meetings and workgroups
- Coordination with other entities in the community

7. Does the project contribute towards goals and activities in the CoC's strategic plan or 10 year plan?

8. If it is a new project, does the project align with the CoC's needs, fills a gap in services, or the agency proposing the project show good past performance in other projects?

# NC 501 PROJECT SCORECARD

**AGENCY NAME:**
**PROJECT NAME:**

| | NOFA 2015 - Project Renewals Scorecard | Points Allowed | Points Received |
|---|---|---|---|
| **Project Priority** | | | |
| 1 | Does the project use a Housing First approach? | 3 | |
| **Population Priority** | | | |
| 2 | Does the project prioritize the most vulnerable populations in the community? | *Select population served* | |
| | • Persons experiencing Chronic Homelessness | 1 | |
| | • Veterans | | |
| | • Families with Children | | |
| | • Victims of Domestic Violence or sex trafficking | | |
| | • Youth | | |
| **CoC Standard Performance Measures** | | | |
| 3 | How well is the project performing in achieving stated outcomes? *Review Annual Performance Review (APR) if applicable for objective measurable outcomes in Standard Performance Measures.* | | |
| | • Permanent - Remained housed or exited to permanent housing *(Over 80%)* | 1 | |
| | • Bonus Performance Point *(Over 85%)* | 1 | |
| | • Transitional - Housed at exit *(Over 80%)* | 1 | |
| | • Bonus Performance Point *(Over 85%)* | 1 | |
| 4 | • Increasing/maintaining income or connecting clients to educational opportunities and mainstream benefits *(Over 80%)* | 1 | |
| | • Increasing/maintaining income or connecting clients to educational opportunities and mainstream benefits *(Over 85%)* | 1 | |
| **Budget and Leveraging** | | | |
| 5 | Does the project have a budget that makes sense? Review project budget for: | | |
| | • Cost-effectiveness | 1 | |
| | • Budget appropriate based on difficulty of number of persons served, population type served in project, capacity, and number of permanent housing exits if applicable | 1 | |
| **HMIS Participation** | | | |
| 6 | Does the project fully participate in the CoC's Coordinated Entry System? | 1 | |
| **Agency's Relationship to the Community** | | | |
| 7 | Does the project coordinate services and demonstrate effective case management? | | |
| | • Participation in CoC meetings and workgroups | 1 | |
| | • Coordination with other entities in the community | 1 | |
| 8 | Does the project contribute towards goals and activities in the CoC's strategic plan or 10 year plan? | 1 | |
| 9 | If it is a new project, does the project align with the CoC's needs, fills a gap in services, or the agency proposing the project show good past performance in other projects? | 1 | |
| **Total Points** | | **15** | **0** |

**Comments:**

**NC 501 Asheville-Buncombe CoC**
**Process for Reallocating**

NC 501 Asheville-Buncombe CoC did not use the reallocation process in the FY2015 CoC program competition and this document does not apply.

**North Carolina Statewide Homeless Management System (NC HMIS)**
**Operating Policy and Procedure**

The purpose of HMIS is to record and store client-level information about the numbers, characteristics and needs of persons who use homeless housing and supportive services, to produce an unduplicated count of homeless persons for each Continuum of Care; to understand the extent and nature of homelessness locally, regionally and nationally; and to understand patterns of service usage and measure the effectiveness of programs and systems of care. These are minimum standards, additional Policies and Procedures may be added by the local Continuum of Care. **The following operating policies and procedures apply to all designated HMIS Lead Agencies and participating Agencies (Contributing HMIS Organizations – CHOs).**

# PRIVACY STATEMENT

NC HMIS is committed to make North Carolina's HMIS safe for all types of programs and the clients whose information is recorded, and to maximize the opportunities to improve services through automation.

**Toward that end:**

 Sharing is a planned activity guided by Sharing Agreements between agencies (QSOBAAs). The agency may elect to keep private some or all of the client record including all identifying data.

 All organizations will screen for safety issues related to the use of the automation.

NC HMIS has systematized the risk assessment related to clients through the NC HMIS Release, offered options in terms of the Search Screen, and provided guidance around the use of Un-Named Records and how the Privacy Notice is explained.

 NC HMIS has adopted a Privacy Notice that was developed in North Carolina to cover both HIPAA covered and non-covered organizations.

 The NC HMIS System runs in compliance with HIPAA, and all Federal and State laws and codes. All privacy procedures are designed to insure that the broadest range of providers may participate in the Project.

 Privacy Training is a requirement for all agencies and users on the NC HMIS system.

We view our Privacy Training as an opportunity for all participating organizations to revisit and improve their overall privacy practice. Agencies are encouraged to put all of their staff through the training curricula – not just those with user access to the system and/or those that collect information from clients.

 All those issued user access to the system must successfully complete privacy training and sign a User's Agreement and Code of Ethics, and agencies must sign a NC HMIS Participation Agreement. Taken together, these documents obligate participants to core privacy procedures. If agencies decide to share information, they must sign an agreement that defines sharing practice (the Sharing QSOBAA).

 Policies have been developed that protect not only client's privacy, but also agency's privacy. Practice Principles around the use and publication of agency or CoC specific data have been developed and included in both the Policies and Procedures.

 The NC HMIS System allows programs with multiple components/locations that serve the same client to operate on the a single case plan, reducing the amount of staff and client's time spent in documentation activities and ensuring that care is coordinated and messages to clients are reinforced and consistent.

 It is understood that 2015 represents a development period as participants in NC HMIS adopt a new approach to System operation as well as privacy. Agencies will take some time to effect the changes identified in this Policy and mid-course adjustments may occur. As such, the policies and procedures identified in this document represent basic standards and all participating agencies will be given adequate time and support to come into compliance. Local CoCs may adapt this document to apply a stricter standard and may establish local timelines for full implementation.

**Key Terms and Acronyms:**

| Term | Acronym (if used) | Brief Definition |
|---|---|---|
| Homeless Management Information System | **HMIS** | Data systems that meet HUD requirements and are used throughout the nation to measure homelessness and the effectiveness of related service delivery systems. The HMIS is also the primary reporting tool for HUD homeless service grants as well as other public money's related to homelessness. |
| Continuum of Care | **CoC** | Planning body charged with guiding the local response to homelessness. |
| North Carolina HMIS | **NC HMIS** | Title given to the North Carolina statewide implementation of the HMIS. |
| Michigan Coalition Against Homelessness | **MCAH** | The North Carolina Governance Committee and participating CoCs has employed MCAH to act as the Lead HMIS administrator. |
| ServicePoint | **SP** | The database used by North Carolina to record and report HMIS information. |
| Bowman System, Inc | | North Carolina's Vendor for HMIS. They provide the technology (ServicePoint) and software and server support for the System. |
| Independent Jurisdictions | **IJs** | CoCs that are recognized by HUD usually organized around the higher population counties. Detroit is its own IJ. |
| North Carolina HMIS Governance Committee | **GC** | The NC Governance Committee composed of representatives from all CoC provides direct oversight on the Statewide HMIS project. |
| MCAH Interim Memorandum of Understanding | **MOU** | The Interim MOU enables MCAH to serve as the HMIS Lead Agency and administer the statewide HMIS implementation on behalf of the North Carolina CoCs. |
| Contributing HMIS Organizations | **CHO** | An organization that participates on the HMIS. |
| Participation Agreement | | The Agreement between all participating agencies and MCAH that specifies the rights and responsibilities of MCAH and participating agencies. |
| NC Administrative Data Use Agreement / QSOBAA | **Admin. QSOBAA** | The Agreement signed by each Agency, local Lead HMIS Agency, and MCAH that governs the privacy standards for all those with administrative responsibility for the database |
| NC Sharing Agreement / QSOBAA | **Sharing QSOBAA** | The Agreement between agencies that elect to share information using the HMIS. The Agreement prevents the re-release of data and, in combination with the Participation Agreement, defines the rules of sharing. |
| User Agreement & Code of Ethics | | The document each HMIS User signs agreeing to the HMIS standards of conduct. |
| Release of Information (Electronic) | **ROI** | An electronic ROI must be completed to share any person's data within the HMIS. |
| Privacy Notice | | A document that details the Privacy rules applied to the System. It includes a description of the HMIS, the rights of clients, why we collect data and the legal uses of data/disclosures. It must be available to clients and be present on the agencies WEB Site. |
| HUD Public Notice | | A description of why HUD requires grantees to collect information. It must be posted where-ever information is collected. |
| Privacy Script | | Adapted by agencies based on what they collect and their sharing practice, the "script" is used by intake staff to standardize the privacy discussion with every client and is a critical part of the informed consent process. |

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| NC HMIS Release of Information and Sharing Agreement | **Release** | A signed (paper) Release that specifies how the Search Screen will be configured and details each agencies sharing plan to support an "informed consent" process. A signed Release allows for reciprocal sharing between agencies/programs identified in the Release. |
| Sharing | | Sharing refers to the sharing of data between agencies. It does **not** refer to basic entry into the HMIS. Sharing data between agencies requires a signed client Release of Information. Basic entry does not require an ROI as there is implied consent for the agency to keep records when a client provides information. |
| Visibility | | Refers to the ability to see a client's data between provider pages on the HMIS. Visibility is configured on the HMIS system in each Provider Page. |
| Visibility Groups | | Visibility Groups are defined groups of Provider Pages where data is shared. Internal Visibility Groups control internal sharing. External Visibility Groups control sharing with other agencies and are defined with a Sharing QSOBAA. |
| Coverage Rate | | The percent of the homeless population that is measured on the HMIS. Coverage estimates are used to project to a total homeless count that includes those served in Domestic Violence Providers or other non-participating Shelters or Outreach Programs. Coverage Memos provide guidance for estimating coverage. HUD also defines Bed Coverage (beds covered on the HMIS) and Service Coverage (person coverage for none residential programs. |
| Program Types | | **HUD defines 9 basic Program Types** |
| | | • ES: Emergency Shelter- Overnight shelters or shelters with a planned length of stay of less than 3 months.<br>• TH: Transitional Housing- Transitional environments with a planned LOS of not more than 2 years and provide supportive services.<br>• PH-PSH: Permanent Supportive Housing- Permanent Housing for the formerly homeless with services attached to persons served under this program.<br>• PH-PH: Permanent Housing- Permanent housing that may be supported by a voucher but does not have services attached to the housing.<br>• PH- RRH: Rapid Rehousing- A program that rapidly rehouses those that are identified as Literally Homeless.<br>• HP: Homeless Prevention- A program that helps those who are at imminent risk of losing housing, to retain their housing.<br>• SOP: Street Outreach Program- A program that serves homeless persons that are living on the street or other places not meant for habitation.<br>• SSO: Services Only Program- A program that serves only with no residential component. These programs often provide case management and other forms of support and meet with clients in an office, at the household's home, or in a shelter.<br>• Safe Haven: A program that provides low-demand shelter for hard-to-serve persons with severe disabilities. The clients have often failed in other sheltering environments. |
| Length of Stay | **LOS** | The number of days between the beginning of services and the end of services. It is calculated using entry and exit dates or shelter stay dates. The HMIS offer calculations for discrete stays as well as the total stays across multiple sheltering events. |
| Point in Time Count | **PIT** | An annual count during the last week in January that is required for all CoCs. Every other year, that count also includes an "unsheltered" or street count. |
| Housing Inventory Chart | **HIC** | All residential programs (both HMIS and non-participating) must specify the number of beds and units available to homeless persons. The numbers are logged into related Provider Pages where the corresponding person data is recorded (for participating programs). |
| SOAR Across North Carolina | **SOAR** | Using the national "best practice" curriculum, the SOAR project reduces barriers to and supports the application for Supplemental Security Income or |

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|---|---|---|
| | | Supplemental Security Disability Insurance (SSI/SSDI) for North Carolina's disabled homeless people. |
| Emergency Assistance Network | **EAN** | EAN agencies provide a mix of emergency services for people in need and report to funding organizations through NC HMIS. |
| Homeless Definition | | **See Homeless Definition Crosswalk.**<br>**HEARTH defines 4 categories of homelessness.** Not all programs can serve all categories and some may utilize a different definition when delivering services. NC HMIS has adopted the HUD definition for counting the homeless.<br>• Category 1: Literally Homeless<br>• Category 2: Imminent Risk of Homelessness<br>• Category 3: Homeless under other Federal Statute<br>• Category 4: Fleeing/Attempting to Flee DV |
| Projects for Assistance in Transition from Homelessness | **PATH** | PATH is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). It provides services to mentally ill homeless people, primarily through street outreach, to link them to permanent community housing. This program has different reporting requirements than HUD funded programs and uses HMIS to collect this information. |
| Shelter Plus Care | **S+C** | Refers to a federal program that provides Permanent Supportive Housing to disabled persons throughout the State of North Carolina. With the new HEARTH Regulation S+C was folded into CoC programming. |
| Housing Opportunities for Persons with AIDS | **HOPWA** | HOPWA provides housing assistance and related supportive services for persons with HIV/AIDs and family members who are homeless or at risk of homelessness. This program has different program reporting requirements than the other HUD-funded programs in this document. |
| Runaway and Homeless Youth Programs | **RHY** | RHY provides a range of services to youth up to age 21 experiencing homelessness. This federal program is required to participate on the HMIS effective 10/1/2014 and has specific operating rules. |
| Coordinated Assessment Programs | **CA** | North Carolina has implemented plans to better coordinate services to homeless persons. Each CoC must develop a plan based on their local providers and resources. The shared objective of these locally defined processes is to insure that access to homeless resources is optimized and based on a standardized assessment of need. |

## Policy Disclaimers and Updates

Operating Procedures defined in this document represent the minimum standards of participation on NC HMIS and general "best practice" operation procedures. Local Lead Agencies in coordination with their CoCs may include additional standards.

The Standards described in this document are not intended to supersede grant specific requirements and operating procedures as required by funding entities. PATH, HOPWA, RHY and VA providers have operating rules specific to HHS and the VA.

The NC HMIS Operating Policies and Procedures are updated routinely as HUD publishes additional guidance or as part of the annual review. Updates will be reviewed at the Monthly System Administrator Call-In and included in the Meeting Minutes distribution email. To allow for evolution of compliance standards without re-issuing core agreements, updated policies supersede related policies in previously published Policies and Procedures or Agreements. Any changes from the previous year will be highlighted. A current copy of the Procedures may also be found on the NC HMIS WEB Site www.nchmis.org .

**Agreements and Training Certifications:**

1) All CoCs participating on the NC HMIS must sign the MCAH Interim MOU that designates the use of the North Carolina Statewide HMIS Vendor and identifies the Michigan Coalition Against Homelessness (MCAH) as the Statewide Lead Agency for administration of the statewide database. Each Jurisdiction will also identify a local Lead Agency that coordinates with MCAH and is responsible for specific tasks. The MOU supports the ability for multiple jurisdictions to participate on a single statewide HMIS information system.
2) Training is required for all users of the System. Agencies must provide new staff with a list of training requirements and assure that basic training has been completed. A basic overview of required training is presented below, however details of specific Web Casts and Live Training for new and existing Users may be found at www.nchmis.org Training Certifications must be maintained on file for all licensed users. Privacy and Definitions Training is also required for those staff that interview clients and collect information.
3) All Agencies must have fully executed and be in compliance with the following Agreements. An Implementation Agency Checklist may be found at www.nchmis.org
    a) Administrative QSOBAA governing administrative access to the System.
    b) Participation Agreement governing the basic operating principals of the System and rules of membership.
    c) Sharing QSOBAA's (if applicable) governing the nature of the sharing and the re-release of data.
    d) A board certified Confidentiality Policy governing the over Privacy and Security standards for the Agency.
    e) User Agreement and Code of Ethics governing the individual's participation in the System.
4) Agencies must have an assigned Agency Administrator. The Agency Administrator is required to support the agency's use of the System including insuring that all users are properly trained. Training categories include:
    a) Privacy and annual privacy updates (all users and those that collect data from clients)
    b) Provider Page Training to understand the System Configuration for each provider (Local System Administrators and Agency Administrators).
    c) Updated Workflow training (The steps to completing data entry. There may be multiple workflows depending on the fund sources and the services provided by the agency.)
    d) Reports Training (agency users and leadership tasked with supporting data quality as well as monitoring outcome and other performance issues.

## Privacy and Security Plan:

**All records entered into the HMIS and downloaded from the HMIS are required to be kept in a confidential and secure manner.**

### Oversight:

1) Agency Administrators with support from agency Leadership must:
   a) Insure that all staff using the System complete annual privacy & security training. Training must be provided by NC HMIS Certified Trainers and based on the NC HMIS Privacy/Security Training Curriculums.
   b) Adapt the Privacy Script Template and Client Release of Information and Sharing Plan to reflect their sharing choices.
   c) Conduct a quarterly review of the Providers Visibility Set up and an annual security review of the agency that includes reviewing compliance with the Privacy and Security sections of this document. Finding from the review should be available upon request.
   d) Insure the prompt removal of licenses to the HMIS when a staff person leaves the organization or revision of the user's access level as job responsibilities change.
   e) Report any security or privacy incidents immediately to the Local Lead HMIS System Administrator (LSA) for the CoC Jurisdiction to insure that the record is closed as soon as possible. The Local System Administrator investigates the incident including running applicable audit reports. If the LSA determines that a possible breach has occurred and/or the staff involved violated privacy or security guidelines, the LSA will report to the chair of the CoC and NC HMIS Lead Director within 5 working days. A Corrective Action Plan will be negotiated. Components of the Plan must include at minimum supervision and retraining. It may also include removal of HMIS license, client notification if a breach has occurred, and any appropriate legal action. All confirmed breaches must be reported to the Governance Committee Executive Committee.
2) Criminal background checks must be completed on all System Administrators. All agencies should be aware of the risks associated with any persons given access to the System and limit access as necessary.
3) Local System Administrators conduct routine audits to insure compliance with the Operating Policies and Procedures. The audit will include a mix of system and on-site reviews. MCAH staff will also participate in local audits from time to time. Audits are designed to facilitate use of the System and agencies will be given adequate time to implement any required changes.
4) Agencies must have a formal grievance process. A copy of any HMIS-related grievance, and the Agency's response, must be submitted to the MCAH Project Manager, and CoC Lead within 5 days of completion of the agencies response.

**Privacy:**

1) All Agencies are required to have the **HUD Public Notice** posted and visible to clients where information is collected. See Appendix A for link to the Notice.
2) All Agencies must have a **Privacy Notice**. They may adopt the NC HMIS sample notice or integrate NC HMIS into their existing Notice. See Appendix A for a link to the sample Notice. All Privacy Notices must define the uses and disclosures of data collected on HMIS including:
   a) The purpose for collection of client information.
   b) A brief description of policies & procedures governing privacy including protections for vulnerable populations.
   c) Data collection, use and purpose limitations. The Uses of Data must include uses related to de-identified data.
   d) The client's rights to copy/inspect/correct their record based on agency policy. Agencies may establish reasonable norms for the time and cost related to producing a copy of the report. The agency may say "no" to the request to correct information, but the agency must inform the client of its reasons in writing within 60 days of the request.
   e) The client complaint procedure
   f) Notice to the consumer that the Privacy Notice may be updated overtime and applies to all client information held by the Agency.
   g) All Notices must be posted on the Agencies WEB Site.

3) All Agencies are required to have a **Privacy and Security Policy**. Agencies may elect to integrate the Privacy Policies defined in this document into an existing Privacy Policy. See Appendix A for link. All Privacy Policies must include:
   a) Procedures defined in the Agencies Privacy Notice
   b) Protections afforded those with increased privacy risks such as protections for victims of domestic violence, dating violence, sexual assault, and stalking. Protection include at minimum:
      i) Closing of the profile search screen so that only the serving agency may see the record.
      ii) The right to refuse sharing if the agency has established an external sharing plan.
      iii) The right to be entered under an Un-Named Record Protocol where identifying information is not recorded in the System and the record is located through a randomly generated number (note: this interface does allow for un-duplication because the components of the Unique Client Id are generated).
      iv) The right to have a record marked as inactive.
      v) The right to remove their record from the System.

c) Agencies may create a paper record by printing the Assessment screens located within the HMIS. These records must be kept in accordance with the procedures that govern all hard copy information (see below).

d) Client Information Storage and Disposal. Users may not store information from the System on personal portable storage devises. The Agency will retain the client record for a period of **7** years, after which time the forms will be discarded in a manner that ensures client confidentiality is not compromised.

e) Remote Access and Usage: The Agency must establish a policy that governs use of the System when access is approved from remote locations. The policy must address:

i) The use of portable storage devises.

ii) The environments where use is approved.

iii) All browsers used to connect to the System must be secure. No user is allowed to access the database from a public or none-secured private network such as an airport, hotel, library, or internet café.

4) Agencies must protect **hard copy data** that includes client identifying information from unauthorized viewing or access.

a) Client files are locked in a drawer/file cabinet

b) Offices that contain files are locked when not occupied.

c) Files are not left visible for unauthorized individuals.

5) Agency provides a **Privacy Script** to all staff charged with explaining privacy to standardize the explanation of agency privacy rules. The Script must:

a) The Script must be developed to reflect the agencies sharing agreements and the level of risk associated with the type of data the Agency collects and shares.

b) The Script should be appropriate to the general education / literacy level of the Agencies clients.

c) A copy of the Script should be available to clients as they complete the intake interview.

6) Agencies that plan to share information through the System must sign a **Sharing QSOBAA** (Qualified Services Organization Business Associates Agreement).

a) Sharing QSOBAAs are managed by the CoC's LSA and negotiated within the CoC planning process.

b) The Agreement proscribes the re-release of information shared under the terms of the Agreement.

c) The Agreement specifies what is shared with whom.

d) Agencies may share different information with different partners and may sign multiple Sharing QSOBAAs to define a layered sharing practice.

e) The signatories on the Agreement include authorized representatives from all Agencies covered by the Agreement.

f) All members of a Sharing QSOBAA are informed that by sharing the electronic record they are creating a common record that can impact the data reflected on Reports. Members of the sharing group agree to negotiate data conflicts.

g) No Agency may be added to the Agreement without the approval of all other participating agencies.

i) Documentation of that approval must be available for review and may include such items as meeting minutes, email response or other written documentation.

**h)** When a new member is added to the Sharing QSOBAA, the related Visibility Group is end-dated and a new Visibility Group is begun**. A new member may not be added to an existing Visibility Group.**

7) Agencies must have appropriate **Release(s) of Information** that are consistent with the type of data the agency's plan to share.

a) The Agency adapts the NC HMIS Release of Information and Sharing Plan to reflect their sharing decisions and include a list of sharing partners and a description of the information to be shared.

b) If the Agency integrates the NC HMIS Release into their existing Releases, the Release must include the following components:

i) A brief description of NC HMIS and a discussion of why we collect information.

ii) A specific description of the Client Profile Search Screen and an opportunity for the client to request that the Screen be closed.

iii) A description of the Agency's sharing partners (if any) and a description of what is shared. **It must reflect items negotiated in the Agency's Sharing QSOBAA.**

iv) A defined term of the Agreement.

v) The NC HMIS Release is intended to allow for the exchange of information between all agencies included within the Sharing QSOBAA and may be completed one time to cover all entities.

8) An **automated ROI** is required to enable the sharing of any particular client's information between any Provider Pages on the System.

i) Agencies should establish internal sharing by creating a Visibility Group(s) that includes all Agency provider pages where sharing is planned and allowed by law.

(1) **Internal sharing** does not require a signed Client Release of Information unless otherwise specified by law.

(2) If new provider pages are added to the Agency tree, they may be included in the existing Visibility Group. The information available to that Provider Page will include all information covered by the Visibility Group from the beginning date of the Group – sharing will be retrospective.

ii) Agencies may elect to share information with other Agencies – **External Sharing -** by negotiating a Sharing QSOBAA (see 7 above).

(1) A signed and dated Client Release of Information(s) must be stored in the Client Record (paper or scanned onto the System) for all Automated ROIs that release data between different agencies – external sharing.

(2) To prevent retrospective sharing, a new Visibility Group is constructed whenever a new sharing partner is added to the agencies existing sharing plan / QSOBAA.

9) The Agency must have a procedure to assist clients that are hearing impaired or do not speak English as a primary language. For example:
   a) Provisions for Braille or audio
   b) Available in multiple languages
   c) Available in large print

10) **Agencies are required to maintain a culture that supports privacy**.
   a) Staff do not discuss client information in the presence of others without a need to know.
   b) Staff eliminate unique client identifiers or any information that would allow the public to re-identify the client before releasing data to the public.
   c) The Agency configures workspaces for intake that supports privacy of client interaction and data entry.
   d) User accounts and passwords are not shared between users, or visible for others to see.
   e) Program staff are educated to not save reports with client identifying data on portable media as evidenced through written training procedures or meeting minutes.
   f) Staff are trained regarding use of email communication.

11) All staff using the System must complete Privacy and Security Training annually. Certificates documenting completion of training must be stored for review upon audit.
12) Victim Service Providers are precluded from entering client level data on the HMIS or providing client identified data to the HMIS. These providers will maintain a comparable database to respond to grant contracts.

**Data Security:**

1) All licensed Users of the System must be assigned **Access Levels** that are consistent with their job responsibilities and their business "need to know".
2) All computers must have **virus protection with automatic updates**.

a) Agency Administrators or designated staff are responsible for monitoring all computers that connect to the HMIS to insure:
   i) The Anti-Virus Software is using the up-to-date virus database.
   ii) That updates are automatic.
   iii) OS Updates are also run regularly.

3) All computers are protected by a Firewall.
   a) Agency Administrators or designated staff are responsible for monitoring all computers that connect to the HMIS to insure:
      i) For Single Computers, the Software and Version is current.
      ii) For Network Computers, the Firewall Model and Version is current.
      iii) That updates are automatic.
4) Physical access to computers that connect to the HMIS is controlled.
   a) All workstations in secured locations (locked offices).
   b) Workstations are logged off when not manned.
   c) All workstations are password protected.
   d) **All HMIS Users are proscribed from using a computer that is available to the public or from access the System from a public location through an internet connect that is not secured.** That is, staff are not allowed to use Internet Cafes, Libraries, Airport Wi-Fi or other non-secure internet connections.
5) A plan for remote access if staff will be using the NC HMIS System outside of the office such as doing entry from home. Concerns addressed in this plan should include the privacy surrounding the off-site entry.
   a) The computer and environment of entry must meet all the standards defined above.
   b) Downloads from the computer may not include client identifying information.
   c) Staff must use an agency-owned computer.
   d) System access settings should reflect the job responsibilities of the person using the System. Certain Access levels do not allow for downloads.

**Remember that information security is never better than the trustworthiness of the staff licensed to use the System. The data at risk is the agency's own and that of its sharing partners. If an accidental or purposeful breach occurs, the agency is required to notify MCAH. A full accounting of access to the record can be completed.**

**Disaster Recovery Plan:**

The HMIS can be a critically important tool in the response to catastrophic events. The HMIS data is housed in a secure server bank in Shreveport, LA with nightly off-site backup. The solution means that data is immediately

available via Internet connection if the catastrophe is in North Carolina and can be restored within 4 hours if the catastrophe is in Louisiana.

1) HMIS Data System (see "Bowman Systems Securing Client Data" for a detailed description of data security and Bowman's Disaster Response Plan):
   a) NC HMIS is required to maintain the highest level disaster recovery service by contracting with Bowman Systems for Premium Disaster Recovery that includes:
      i) Off site, out-of state, on a different Internet provider and on a separate electrical grid backups of the application server via a secured Virtual Private Network (VPN) connection.
      ii) Near-Instantaneous backups of application site (no files older than 5 minutes).
      iii) Nightly off site replication of database in case of a primary data center failure.
      iv) Priority level response (ensures downtime will not exceed 4 hours).
2) HMIS Lead Agencies:
   a) HMIS Lead Agencies are required to back-up internal management data system's nightly.
   b) Data back-ups will include a solution for off-site storage for internal data systems.
3) Communication between staff of the Lead Agency, the CoC, and the Agencies in the event of a disaster is a shared responsibility and will be based on location and type of disaster.
   a) Agency Emergency Protocols must include:
      i) Emergency contact information including the names / organizations and numbers of local responders and key internal organization staff., designated representative of the CoCs, local HMIS Lead Agency, and the NC HMIS Project Director.
      ii) Persons responsible for notification and the timeline of notification.
   b) In the event of System Failure:
      i) The NC HMIS Project Director or designee will notify all participating CoCs and local System Administrators should a disaster occur at Bowman System's or in the NC HMIS Administrative Offices. Notification will include a description of the recovery plan related time lines. Local/assigned System Administrators are responsible for notifying Agencies.
      ii) After business hours, NC HMIS staff report System Failures to Bowman System using the Emergency Contact protocol. An email is also launched to Local System Administrators and Emergency Shelter designated staff no later than one hour following identification of the failure.
   c) NC HMIS Project Director or designated staff will notify the HMIS Vendor if additional database services are required.
4) In the event of a local disaster:
   a) NC HMIS in partnership with the local Lead Agency will provide access to additional hardware and user licenses to allow the CHO(s) to reconnect to the database as soon as possible.

b) NC HMIS in collaboration with the local Lead Agencies will also provide information to local responders as required by law and within best practice guidelines.

c) NC HMIS in collaboration with the local Lead Agencies will also provide access to organizations charged with crisis response within the privacy guidelines of the system and as allowed by law.

## System Administration and Data Quality Plan:

**1) Provider Page Set-Up:**

a) Provider Page are appropriately named per the NC HMIS naming standards **<agency name> - <county> - <program> - <project/funding>.** Example: "The Salvation Army – Wake County – Housing for Veterans - ESG". Identification of funding stream is critical to completing required reporting to funding organization.

b) Inactive Provider Pages are properly identified with "XXXCLOSED"> followed by the year of the last program exit >Provider Page Name. For example: XXXCLOSED2015 – The Salvation Army…

c) HUD Data Standards are fully completed on all Provider Pages:

i) CoC code is correctly set.

ii) Program type codes are correctly set.

iii) Geocodes are set correctly for Principal Site provider pages.

iv) Bed and Unit Inventories are set for applicable residential programs.

v) The Federal Partner Funding Source section is completed for all projects receiving funding from one of the federal partners.

d) User licenses are set up to "Enter Data As" (EDA) and users are trained to use EDA to navigate provider pages.

e) All Agency Administrators and System Administrators complete Provider Page Set-Up Training. Set-up instructions will vary by funding and/or Provider type. Agency Administrators and System. Administrators update instruction and respective Providers as new instructions are published.

**2) Data Quality Plan:**

a) Agencies must require documentation at intake of the homeless status of consumers according to the reporting and eligibility guidelines issued by HUD. The "order of priority" for obtaining evidence of homeless status are (1) third party documentation, (2) worker observations, and (3) certification from the person. Lack of third party documentation may not be used to refuse emergency shelter, outreach or domestic violence services. Local CoCs may designate the local central intake/coordinated assessment agencies to establish the homeless designation and maintain related documentation.

b) 100% of clients must be entered into the System no more than 15 days after the information is collected from the client. If the information is not entered on the same day it is collected, the agency must assure that date associated with the information be the collection date by:
   i) Entering entry/exit data including the UDEs on the Entry/Exit Tab of ServicePoint or
   ii) Backdating the information into the System.

c) All staff are required to be trained on the definition of Homelessness.[1]
   i) NC HMIS will provide a Homeless Definition Cross-Walk to support agency level training.
   ii) Documentation of training must be available for audit. This should be maintained in the agency's HMIS binder.
   iii) There is congruity between the following NC HMIS case record responses, based on the applicable homeless definition: (Housing Status and Residence Prior to Project Entry are being properly completed).

d) Agency has a process to ensure the First and Last Names are spelled properly and the DOB is accurate.
   i) An ID is requested at intake to support proper spelling of the client's name as well as the recording of the DOB.
   ii) If no ID is available, staff request the legal spelling of the person's name.
   iii) Programs that serve the chronic and higher risk populations are encouraged to use the Scan Card process within ServicePoint to improve un-duplication and to improve the efficiency of recording services.
   iv) Data for clients with significant privacy needs may be entered under the "Un-Named Record" feature of the System. However, while identifiers are not stored using this feature, great care should be taken in creating the Un-Named Algorithm by carefully entering the first and last name and the DOB. Names and ServicePoint Id #s Cross-Walks (that are required to find the record again) must be maintained off-line in a secure location.

e) Income, non-cash benefits and health insurance information are being updated at least annually and at exit.

f) Agencies have an organized exit process that includes:
   i) Clients and staff are educated on the importance of planning and communicating regarding discharge. This is evidenced through staff meeting minutes or other training logs and records.
   ii) Discharge Destinations are properly mapped to the HUD Destination Categories.
      (1) NC HMIS provides a Destination Definition Document to support proper completion of exits (see Appendix A for link).

[1] Specific instruction is available for PATH and HOPWA programs at www.dyns-services.com

iii) There is a procedure for communicating exit information to the person responsible for data entry.

g) Agency Administrator/Staff regularly run data quality reports.

i) Report frequency should reflect the volume of data entered into the System. Frequency for funded programs will be governed by Grant Agreements, HUD reporting cycles, and local CoC Standards. However, higher volume programs such as shelters and services only programs must review and correct data at least monthly. In low volume longer stay programs, reports should be run following all intakes and exits and quarterly to monitor the recording of services and other required data elements.

ii) The program entry and exit dates should be recorded upon program entry or exit of all participants. Entry dates should record the first day of service or program entry with a new program entry date for each period/episode of service. Exit dates should record the last day of residence before the participant leaves the shelter/housing program or the last day a service was provided.

iii) Data quality screening and correction activities must include the following:

(1) Missing or inaccurate information in (red) Universal Data Element Fields.

(2) If funded through a Federal Partner Funding Source, missing program specific elements are also audited.

(3) Un-exited clients using the Length of Stay and Un-exited Client Data Quality Reports.

(4) Count reports for proper ratio of children to adults in families. (at least 1.25)

(5) Provider Page Completion Reports with an Annual update of the HUD Standards Information.

(6) Close all inactive provider pages within the agency tree. Audit of inactive pages includes closing all open services and exiting all un-exited clients.

(7) Insure that PH RRH providers have recorded a "Move In" date reflecting when the client was actually housed.

h) CoCs and Agencies are required to review Outcome Performance Reports. Targets are adjusted by Project Type. The CoC's HMIS Lead Agency, in collaboration with the CoC Reports Committee or designated CQI Committee, establishes local benchmark targets. See Appendix A for links and "Setting Targets" training podcast.

i) NC HMIS publishes regional benchmarks on all defined measures annually (see Appendix A).

j) Agencies are expected to participate in the CoCs Continuous Quality Improvement Plan as they are developed locally. See CQI materials designed to support Data Quality through Continuous Quality Improvement (see Appendix A).

**3) Workflow Requirements:**

a) Assessments set in the Provider Page Configuration are appropriate for the funding stream.

b) Users performing data entry have latest copies of the workflow guidance documents.
c) If using paper, the intake data collection forms correctly align with the workflow.
d) 100% of clients are entered into the System within 15 days of data collection.
e) Agencies are actively monitoring program participation and exiting clients. Clients are exited within 30 days of last contact unless program guidelines specify otherwise.
f) All required program information is being collected.
    i) All HMIS participants are required to enter at minimum the Universal Data Elements and if completing entries and exits, the HUD CoC and ESG Exit (NC HMIS) Form.
    ii) Programs that serve over time are required to complete additional program elements as defined by the funding stream. If the Agency is not reporting to a funding stream, they are encouraged to use the HUD CoC Entry (NC HMIS) and HUD CoC and ESG Exit (NC HMIS) forms.
g) Data sharing is properly configured for sharing information internally between the agency's programs, including use of visibility groups.
h) External data sharing aligns with any Sharing QSOBAA's including use of visibility groups.
i) Visibility groups are managed appropriately (see Privacy 9).

**4) Electronic Data Exchanges:**

a) Agencies electing to either import or export data from the NC HMIS must assure:
    i) The quality of data being loaded onto the System meets all the data quality standards listed in this policy including timeliness, completeness, and accuracy. In all cases, the importing organization must be able to successfully generate all required reports including but not limited to the APR and the North Carolina Basic Counting Report.
    ii) Agencies exporting data from NC HMIS must certify the privacy and security rights promised participants on the HMIS are met on the destination System. If the destination System operates under less restrictive rules, the client must be fully informed and approve the transfer during the intake process. The agency must have the ability to restrict transfers to those clients that do not approve the exchange.

**5) Publication and Research:**

a) MCAH, another statewide entity or your local CoC may sponsor de-identified research to improve the understanding of homelessness and the effectiveness of homeless services.
    i) De-identification will involve the masking or removal of all identifying or potential identifying information such as the name, Unique Client ID, SS#, DOB, address, agency name, and agency location.

ii) Geographic analysis will be restricted to prevent any data pools that are small enough to inadvertently identify a client by other characteristics or combination of characteristics.

iii) Programs used to match and/or remove identifying information will not allow a re-identification process to occur. If retention of identifying information is maintained by a "trusted party" to allow for updates of an otherwise de-identified data set, the organization/person charged with retaining that data set will certify that they meet medical/behavior health security standards and that all identifiers are kept strictly confidential and separate from the de-identified data set.

iv) CoCs will be provided a description of each Study being implemented. Agencies or CoCs may opt out of the Study through a written notice to MCHA or the Study Owner.

b) MCAH, another statewide entity or the local CoC may sponsor identified research to improve the understanding of homelessness and the effectiveness of homeless services.

i) All identified research must be governed through an Institutional Research Board including requirements for client informed consent.

ii) CoCs will be provided a description of each Study being implemented. Agencies or CoCs may opt out of the Study through a written notice to MCHA or the Study Owner.

c) Annually MCAH in conjunction with other State and local partners may publish information about the scope and causes of homelessness as well North Carolina's response to end homelessness. The following strategies will guide publication of statewide data sets:

i) Content, qualifiers and message will be guided by the Statewide Reports Committee as well as other key stakeholders such as the local Interagency Council on Homelessness/the Campaign to End Homelessness or representatives from public and private organizations that fund homeless services.

ii) Identified CoC data may only be included with written CoC approval.

iii) CoCs will be provided for review and approval CoC data sets planned for inclusion in the statewide aggregate data (without CoC identification). The review process will include at least two cycles of the data with time between for any data or report correction activities.

iv) The cycles of data review can begin no sooner than two months following the close of the report period to all for routine data quality activities to be completed.

d) MCAH, another statewide entity or the local CoC may sponsor Point in Time or publication of specialized data sets.

i) Development of the plan for publication including the frequency, data types, analytics and publication media type will be guided by the relevant entity.

ii) CoCs will be provided a description of each proposed publication.

iii) Agencies or CoCs may opt out of the publication through a written notice to MCHA or the Study Owner.

**6) Staff Training and Required Meetings:**

a) All Users and those that collect information from clients are recertified in Privacy Training Annually.

b) All Users participate in Workflow Training and Training Updates for their assigned Workflows.

c) All Users and those that collect data from clients are trained in Data Standard data element definitions.

**d) All Agency Administrators participate in:**

i) Provider Page Set-Up Training.

ii) Workflow Training sponsored by the funding agency or NC HMIS.

iii) Reports Training

(1) Data Quality

(2) Required funding Reports

(3) Outcome Reporting.

iv) Other training specified by the CoC.

v) CoC Agency Administrator Meetings and Trainings.

vi) Agency specific User Meetings or preside over an HMIS specific topic during routine staff meetings.

vii) A local Reports Committee that governs the publication of information as requested.

**e) All System Administrators participate in:**

i) All System Administrators are required to read and understand the HUD Data Standards that underpin the rules of the HMIS.

ii) System Administrator Orientation (Live sessions with MCAH to overview the basic rules and provide a place for dialogue and questions – conducted in the second or third month after assuming the role).

iii) Provider Page Set-Up Training (prior to licensure and routinely as changes occur).

iv) Workflow Training sponsored by the funding agency or NC HMIS.

v) Reports Training

(1) Data Quality

(2) Required Funding Reports

(3) Outcome Reporting.

vi) CQI Training.

vii) HUD Initiative Training (AHAR, PIT, APR, etc.).

viii) On Site and System Audits of Agency compliance of Date Privacy, Security and Oversight standards as well as item1 through 4 under System Administration and Data Quality.

ix) The Monthly System Administrator Call-In.

x) The CoC Reports Committee or CoC Meeting where data use and release is discussed.

xi) North Carolina's Campaign to End Homelessness Work Groups and Regional Meetings as assigned.

**Appendix A: Links to Documents referred to in this Policy**

http://mihomeless.org/index.php/north-carolina-documents

**System Administration:**

- HUD HMIS Data Standards 2014
- HMIS Requirements Proposed Rules Federal Registered (Hearth)
- HMIS Homeless Definition Crosswalk
- HUD Homeless Definition Matrix
- HMIS Discharge Destination Guidance

**Administrative**

- Participation Agreement
- Administration QSOBAA
- Sharing QSBAA
- HMIS Operating Policies and Procedures
- Interim MOU

**Privacy**

- Privacy and Security Training PP or PDFs
- Privacy Certification Questionnaire
- Overview of Agency Requirements
- User Access Levels in ServicePoint
- HUD Public Notice
- User Agreement and Code of Ethics
- Privacy Script Suggestions
- Privacy Notice Sample
- NC HMIS Release of Information and Sharing Plan

**Training**

- All technical workflow and training documents and podcasts
- Provider Page Training
- Reports Training
- Securing Client Records and establishing Visibility

**System Administrator and User Meeting Minutes**

- Minutes from Required System Administrator Meetings (current year/recent)

Adopted June 8, 3015

NC HMIS Project

**Asheville Housing Authority**

**Local Preferences [24 CFR 982.207; HCV p. 4-16]**

PHAs are permitted to establish local preferences, and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the PHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the PHA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

HACA Policy

HACA will use the following local preferences. Each preference for which the applicant is eligible will be represented by assigning the resident one preference point. Preferences 3, 4, and 5 below apply both to project-based and tenant-based vouchers. Applicants with the highest number of preference points will be processed first except as provided in this section.

1. PBV Tenant Mobility Vouchers: For regular HCV tenant-based vouchers, Project Based Voucher residents who have resided in the PBV unit for at least one year will have first priority. To implement this priority, HACA will develop a separate waiting list and assign two preference points to those requests. This preference does not apply to specialized voucher programs, such as Non-Elderly Disabled (aka Mainstream) vouchers and HUD-VASH vouchers. Status will be verified by internal HACA documentation. If demand for these vouchers exceeds available funding for tenant-based vouchers, the regular HCV tenant based waiting list will remain closed.
2. Non-Elderly Disabled Persons with Community-Based Support: Solely for purposes of tenant-based vouchers that are specifically designated for Non-Elderly Disabled persons, HACA will give one preference point to non-elderly disabled persons determined to be ready for release from a group home, care facility, or other supportive housing program to reside in a community-based setting, and who will be receiving regular on-site community-based support from a local social services, disability services or mental health agency for at least one year after moving into a voucher-assisted unit. Status will be verified through the agency providing the community-based support.
3. HACA Families Losing Housing Assistance without Fault: HACA will give one preference point to any eligible family that has been terminated from its HCV or any voucher program due to insufficient program funding, through no fault of the family. HACA will give one preference point to any eligible family that is required to move, through no fault of the family, from a public housing, RAD PBV, or other HACA dwelling unit because of a natural disaster, major renovation project, or similar situation requiring the family's dwelling unit to be vacant for an extended period of time. Status will be verified by HACA internal documentation.
4. Homeless Families with Case Management Support: Consistent with the City of Asheville's *10-Year Plan to End Homelessness*, HACA will give one preference point to families/individuals who are homeless as defined by HUD and have been homeless for the last 90 days or more, and who will be receiving regular on-site case

management support from a local homeless services, social services or mental health agency for at least one year after moving into a voucher-assisted unit. Status will be verified through the agency providing case management.

5. Homeless Victims of Domestic Violence: HACA will give one preference point to families in which at least one member is a victim of domestic violence, if HACA can verify that the family is residing in a domestic violence shelter or transitional housing program as a result of that domestic violence. Status will be verified through the domestic violence shelter or transitional housing program.

NC 501

**Memorandum of Understanding**
**North Carolina Statewide HMIS**
**North Carolina Continua of Care and the Michigan Coalition Against Homelessness**
**October 1, 2015 – June 30, 2016**

**Objective: This MOU is designed to provide a frame for North Carolina's multi-jurisdiction HMIS implementation as presented in Section 508.7 of the Federal Register / Vol. 76, No. 237 Homeless Management System Requirements. It is recognized that operation of the Statewide HMIS requires ongoing collaboration from member Continua of Care.**

Continuum of Care (CoC): Asheville-Buncombe NC-501 agrees to adopt the North Carolina Statewide shared HMIS platform vendor, Bowman Systems Inc. ServicePoint. The CoC agrees that administration of the shared platform will be provided by the North Carolina HMIS Project, operated by the Michigan Coalition Against Homelessness. The CoC further agrees to operate the local CoC Implementation in compliance with HUD Data Standards and the North Carolina Statewide Operating Policies and Procedures.

**Roles and Responsibilities:**

**Michigan Coalition Against Homelessness:**

1. Management of the Statewide Vendor Contract with Bowman Systems, Inc.
2. Host the Statewide coordination meeting – the Monthly SA Call-In.
3. Define privacy and security protocols that allow for the broadest possible participation.
4. Provide Statewide Operating Policies and Procedures that represent the minimum standards for participation. Local CoCs may add additional requirements as negotiated locally.
5. Designate ex-officio staff member for NC HMIS Governance Committee.
6. Provide for system administration and analyst staffing of help desk services between 9am and 5pm workdays and after-hours emergency response.
7. Negotiate the cost for local licenses to the Statewide System via contracts with Bowman Systems.
8. Provide training and ongoing collaboration regarding cross-jurisdiction system operation, measurement and research activities including:
    a. Negotiation and training basic workflows for all users and specialized workflows for cross-jurisdiction funding streams.
    b. HUD mandated activities including Point In Time, Housing Inventory Count, Annual Performance Report and the Annual Homelessness Assessment Report.
    c. Provide data for Statewide and CoC-specific unduplicated homeless counts.
    d. Research projects that involve statewide data sets.
    e. Maintain a suite of data quality, demographics, and outcome reports available to all CoCs on the System.
    f. Support for local Continuous Quality Improvement efforts.
9. Execute Contract for Services with CoC-designated fiduciary entities.
10. Provide the NCHMIS Governance Committee monthly reports updating the status and accomplishments of the NC HMIS Project

**North Carolina Continua of Care:**

1. Designate HMIS system.
2. Designate CoC members and CoC alternates to NC HMIS Governance Committee.

3. Ensure consistent participation of recipients and sub recipients in the HMIS.
4. Uphold cost-sharing agreement set by Governance Committee, including no/late-payment consequences.
5. Plan the local HMIS implementation to maximize the greatest possible participation from homeless service providers.
6. Comply with North Carolina Statewide Privacy Protocols as specified in the Administrative and Sharing Qualified Services Organization Business Associates Agreements (QSOBAAs), Participation Agreements and the User Agreement Code of Ethics.
7. Adopt any additional standards of practice beyond those identified in the Statewide HMIS Operating Procedures.
8. Staff at least one local System Administrator and assure that each participating agency has identified an Agency Administrator. The System Administrator will:
    a. Demonstrate competence in required training in privacy, security and system operation (e.g. provider page, workflows and reports).
    b. License local users and support data organization and completion of Provider Pages for participating agencies.
    c. Assign licenses to Agency Administrators and/or users.
    d. Host local HMIS operations meeting(s) and/or assure that Agency Administrators are attending the Statewide User Meetings.
    e. Assure that all users are trained in privacy, security and system operation.
    f. Participate in HUD mandated measurement including PIT, HIC, APRs and the AHAR as appropriate.
    g. Participate in the annual PIT count process and support publication of local reports.
    h. Support the CoC's Continuous Quality Improvement efforts.
9. Through the Governance Committee, CoCs will:
    a. Review, revise and approve Privacy, Security and Data Quality Plans.
    b. Ensure HMIS is administered to meet HUD standards.
    c. Approve MCAH budget and technical agreements.
10. Designate fiduciary responsible for entering into a Contract for Services with HMIS Lead Agency.
11. Designate eligible applicants to receive HMIS funds that will best allow them to participate in the statewide HMIS.

Signed: _____ Date: 9/28/15

HMIS Lead Agency: MCAH Title: Exec. Director

Signed: _____ Date: September 28, 2015

CoC Representative City of Asheville Title: Homelessness Lead

Asheville-Buncombe
HOMELESS
INITIATIVE

**NC-501 Written Standards for Chronically Homeless Prioritization for Permanent Supportive Housing**

Agencies within the Asheville-Buncombe Continuum of Care agree to prioritize clients who are chronically homeless for the Permanent Supportive Housing beds not already dedicated to chronically homeless within our CoC that become available through turnover, such that:

- Agencies will hold turnover beds open for a period of 15 days while searching for clients who are chronically homeless
- Search methods can include consulting outreach workers, coordinated assessment information, polling community partners and/or any other methods currently in practice
- Agencies will make efforts to help clients who are chronically homeless address program requirement barriers that might otherwise exclude them from qualifying
- If an individual or family who is chronically homeless cannot be found within the 15-day time period, the bed will be filled by the normal agency process
- Agencies are encouraged to use the sample form below for documentation.

<u>Documentation Form</u>

Unit number/HMIS ID number/Other Identifying Info

Date Bed Became Available

Search Timeframe (Above Date + 15 Days)

| | | |
|---|---|---|
| Number of Chronically Homeless in Most Recent Point in Time Count (Counties Covered by Grant) | INDIVIDUALS | FAMILIES |
| Method(s) of Search for Chronically Homeless Result | | |
| Bed Filled by Chronically Homeless? | YES | NO |
| Date Bed Filled | | |

# NC-501 Coordinated Assessment

## Policy and Procedure

# OVERVIEW

**Overview of Coordinated Assessment**

Coordinated Assessment refers to the process used to assess and assist in meeting the housing needs of people at-risk of homelessness and people experiencing homelessness. Key elements of coordinated assessment include:

- Coordinated assessment meetings and staff members;
- The use of a standardized assessment tool to assess individual housing needs and need for supportive services;
- Referrals based on the results of the assessment tool to homelessness assistance programs;
- Capturing and managing data related to assessment and referrals in the Homeless Management Information System (HMIS); and
- Prioritization of individuals with the most barriers to obtaining housing.

The implementation of coordinated assessment is now a requirement of receiving certain funding, namely Emergency Solutions Grant and Continuum of Care funds, from the Department of Housing and Urban Development (HUD) and is considered a national best practice. When implemented effectively, coordinated assessment can:

- Reduce the amount of research and the number of contacts people experiencing homelessness must make before finding crisis housing or services;
- Reduce new entries into homelessness through coordinated, system wide diversion and prevention efforts;
- Prevent people experiencing homelessness from entering and exiting multiple programs before getting their needs met;
- Minimize the need for individual provider wait lists for services;
- Foster increased collaboration between homelessness assistance providers; and
- Improve a community's ability to perform well on Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH Act) outcomes and make progress on ending and reducing homelessness.

These policies and procedures will govern the implementation, governance, and evaluation of coordinated assessment in the Asheville-Buncombe Continuum of Care (NC-501). These policies may only be changed by the approval of the Homeless Initiative Advisory Committee (HIAC), the governing body of the Asheville-Buncombe Continuum of Care.

**Basic Definitions**

- **Provider –** Organization that provides services or housing to people experiencing or at-risk of homelessness.
- **Program –** A specific set of services or a housing intervention offered by a provider.
- **Client –** Person or persons at-risk of or experiencing homelessness being served by the coordinated assessment process.
- **Housing Interventions –** Housing programs and subsidies; these include transitional housing, rapid re-housing, and permanent supportive housing programs, as well as permanent housing subsidy programs, such as Housing Choice Vouchers.

**Target Population**

This process is intended to serve people experiencing homelessness. Homelessness will be defined in accordance with the official HUD definition of literal homelessness.[1] People at imminent risk of homelessness are people who believe they will become homeless, according to the HUD definition of literal homelessness, within the next 72 hours. People who do not fall under HUD's definition of literal homelessness will be referred to other prevention-oriented resources available within the community.

**Goals and Guiding Principles**

The goal of the coordinated assessment process is to provide each client with adequate services and supports to meet their housing needs, with a focus on housing them as quickly as possible. Below are the guiding principles that will assist in meeting these goals.

- **Client Choice**: Clients will be given information about the programs available to them and will choose which programs they want to participate in once program eligibility is determined.
- **Collaboration**: Collaboration will be fostered through open communication, transparent work, consistently scheduled meetings and reporting on the performance of the coordinated assessment process.
- **Accurate Data:** Data collection on people experiencing homelessness is a key component of the coordinated assessment process. Data from the assessment process that reveals what resources clients need the most will be used to assist with reallocation of funds and other funding decisions. To capture this data accurately, all assessment staff and providers must use the assessment tool as intended, enter data into the HMIS in a timely fashion (with the exception of some special populations and special cases outlined later in this document). Individual rights with regard to access to and release of privileged information will always be made explicit to persons and no individual will be denied services for refusing to share personal data.

[1] https://www.onecpd.info/resources/documents/HEARTH_HomelessDefinition_FinalRule.pdf

- **Performance-Driven Decision Making**: Decisions about and modifications to the coordinated assessment process will be driven primarily by the need to improve the performance of the homelessness assistance system on key outcomes. These outcomes include reducing new entries into homelessness, reducing lengths of episodes of homelessness and reducing repeat entries into homelessness. Changes may also be driven by a desire to improve process-oriented outcomes, including reducing the amount of wait time for an assessment.
- **Housing First:** Coordinated assessment will support a housing first approach, and will thus work to connect households with the appropriate permanent housing opportunity, as well as any necessary supportive services to help maintain housing, as quickly as possible.

# COORDINATED ASSESSMENT PROCESS

**Coordinated Assessment Meetings**
People experiencing homelessness will be assessed and referred to homelessness assistance services in designated coordinated assessment meetings. All persons experiencing homelessness should be directed to be assessed **prior to receiving admission to any homelessness assistance program** (with the exception of situations where assessment hours are over for the day and the person needs emergency shelter). No additional agencies may become designated to perform assessments and participate in meetings without notification to the CoC Lead and being approved by the appropriate Coordinated Assessment Sub-Committees. The list of approved agencies will be updated if and when additional designated coordinated assessment providers are added or removed.

The designated assessment tool will be administered by trained staff from agencies approved through this process. All staff utilizing the assessment tool will attend trainings on the proper administration, scoring and use of the assessment tool at least annually. No assessments shall be performed by any staff not properly trained or supervised on the designated assessment tool for coordinated entry.

Outreach staff whose agencies do assessments and have been approved by the Coordinated Assessment Sub-Committees and the HIAC may assess clients living on the street or other places not fit for human habitation. These staff and those who work with clients being discharged from jails and hospitals will also need to be approved by the Sub-Committees and the HIAC, as well as be trained, before administering assessments and participating in coordinated assessment.

All staff that administer the assessment tool will receive training on the standardized assessment forms to be used, the Homeless Management Information System*(HMIS), proper referral and prioritization procedures, scoring and client priority management (except those agencies prohibited by law from utilizing HMIS*). Staff will also receive training in serving domestic violence survivors, referral of those clients and other population-specific topics as needed. It is the responsibility of the CoC Lead to ensure this training is available and to make sure it is offered on an annual basis.

Throughout these policies and procedures, assessment staff will find instructions and other guidance on how to conduct assessments, make referrals, and prioritize clients for services. However, not every conceivable situation is covered in this manual. Assessment staff will need to rely on their judgment, their training, and their supervisor as well as guidance from the Sub-Committees in these situations.

***Assessment Staff Responsibilities vs. Program Staff Responsibilities***

Assessment staff will be responsible for homelessness assistance assessments using the assessment tool and appropriate prevention/diversion referrals when required. Case managers at provider agencies that are not part of the system assessment process will be responsible for:

- Connecting clients to other mainstream resources outside of the homelessness assistance system;
- Ensuring that, once notified by assessment staff that a spot in the appropriate housing intervention has opened up, clients are connected to their next referral;
- Assisting with any documentation requirements of the client's referral; and
- Any other service provision related to their agency's program model.

**System Entry**

Clients presenting at participating agencies that are seeking homelessness assistance services will be referred for an assessment, unless that person is a domestic violence survivor in imminent danger: these clients will be referred directly to the Family Justice Center or Helpmate. If the client is unable to have the assessment due to a disability or lack of transportation, an effort should be made by the agency where they present to assist the client in connecting to the appropriate staff.

**The Assessment Process**

Assessment refers to the process of asking the client a set of questions designed to determine which programs or services are most appropriate to meet their needs and prioritize them for various services. A standardized assessment tool will be used to make these determinations. Assessment staff will be trained on administering and scoring these tools, as well as the order in which they should be administered and the average amount of time each assessment should take. Assessments will be administered by the following agencies:

- AHOPE Day Center/Homeward Bound of WNC
- ABCCM's Steadfast House, Veterans Restoration Quarters and Crisis Centers
- Charles George VA Medical Center
- Helpmate
- Smoky Mountain Center, LME

*While Assessment Staff Are On Duty:*

1. Persons who enter or call into a homelessness assistance provider agency, or other community agency that works with clients, will be asked questions to determine if they can self-resolve their housing crisis or should go through the coordinated assessment process. If it is determined that an individual does not need homelessness assistance services, they will be directed to other more appropriate prevention-oriented resources.

2. If they are eligible for an assessment, they will be directed to an available coordinated assessment staff member (if not speaking with one already). The assessment staff member will then explain the assessment process and share and discuss the client release of information with the client. If the client signs the form, the staff member will enter assessment information into the HMIS – if not, or if the HMIS is not yet hosting the assessment form, or if the client is seeking domestic violence specific services, they will do the assessment on paper.
3. The assessment staff member will administer an assessment to determine if the client has alternative housing options within the community, UNLESS they are chronically homeless (e.g., have engaged with outreach workers on multiple occasions in the past) or sleeping somewhere not fit for human habitation.
4. Assessment staff will have to use their judgment to gauge if they are able to do a full diversion session with the client based on the current wait times/demand for assessments and the depth of diversion services the client needs. If neither the assessment worker nor a case manager is available, the assessment staff member should continue with the assessment process as if the client is not able to be diverted.
5. If the client is successfully diverted, they will end their engagement with the assessment worker, who will make a note in the assessment form and in the HMIS that the client was not appropriate for coordinated entry.
6. Clients who are deemed eligible will continue with the assessment process and enter the date the assessment tool was administered. This process will prioritize them for housing interventions and accompanying services, including transitional housing, rapid re-housing, and permanent supportive housing.

**Data Collection**

Data will be collected on everyone that is assessed through the coordinated assessment process. This section, in addition to instructions embedded within the assessment tool, will detail when and how data about clients going through coordinated assessment will be collected.

Once a client is deemed eligible to be assessed, the assessment staff member will show the client the data confidentiality form/ROI. Assessment staff will go over it with clients and explain what data will be requested, how it will be shared, whom it will be shared with, and what the client's rights are regarding the use of the client's data. Assessment staff will be responsible for ensuring clients understand their rights as far as release of information and data confidentiality. If they sign the form, the assessment staff member will begin the assessment process. Until the assessment tool is available in the HMIS, assessments should be completed on paper initially with relevant data entered into the data fields in the HMIS. Access to parts of each client record or assessment form may be restricted for safety reasons or by client request.

Some clients should never be entered into the HMIS. These include:

- Clients who are in imminent danger and want domestic violence-specific services. The assessment should be done on a paper form and passed off to the appropriate provider. If the client ends up being served by a domestic violence provider, that agency may enter their information into a HMIS-comparable database.
- Clients who do not agree to share their data through the HMIS on the client release of information form should also never have their data entered into the HMIS.

Once the assessment process has been completed, the assessment staff member will share the client's record in HMIS (or the paper form) with the program they are being referred to during the coordinated assessment meeting. This way the program will have the client's information and can ensure they do not ask the same questions again, potentially re-traumatizing the client.

**Basis of Referrals**

Referrals to additional services may be made based on the following factors:

- Results of the assessment tool process;
- Bed availability and number of people on priority lists;
- Established system wide priority populations; and
- Program eligibility admission criteria, including populations served and services offered.

The assessment tool has a scoring mechanism that will prioritize households for access to an appropriate housing and service intervention. This score will serve as a jumping-off point for a discussion between the assessment staff member and the client about what referral may be made. All bed availability should be determined, ideally, in real-time through HMIS. Until this is possible, bed information should be managed through coordinated efforts of providers who engage in coordinated assessment.

The coordinated process will be geared toward prioritizing households with the most intensive service needs and housing barriers (e.g. chronically homeless households and households with multiple episodes of homelessness). The annual CoC Collaborative Application process will include decisions about which populations should be prioritized for services in the community based upon relevant data and housing stock availability. Prioritization of populations will be adjusted to reflect any changes to the priority groups. The Sub-Committees will be responsible for making changes to the scoring prioritization and re-distributing the applicable criteria to the coordinated assessment staff.

Referrals should also be based on each program's admissions eligibility criteria. For example, programs that serve only single adult men will only receive single adult male referrals. **Agencies wishing to participate in coordinated assessment must submit all of**

**their program eligibility criteria to the CoC Lead, the appropriate Sub-Committees and have approval by the HIAC, before they can participate in the coordinated assessment process.** Any changes to a participating program's eligibility criteria or target population must be sent immediately to the CoC Lead to ensure referral protocol is updated accordingly. If the CoC Lead or Sub-Committees have a concern that a program's requirements may be contributing to "screening out" or excluding households from needed services, the CoC Lead may request to meet with the provider to discuss their criteria. If a causal link between underserved populations and a provider's eligibility criteria is shown to affect outcomes, and the provider is unwilling to modify the criteria, the CoC Lead and Sub-Committees may recommend to the HIAC that the provider be de-prioritized by the CoC or other sources of future funding.

**Making Referrals and Prioritizing Clients**

The referral process for Coordinated Assessment will be standardized:

1. After the assessment process is complete, the assessment staff member shall refer to a manager/supervisor who will determine the score. No one who administers the assessment tool shall score the assessment of that client. The assessment staff member should provide information about the different intervention types the client is prioritized for, including general intervention attributes (e.g., length of services, type of housing) and the size of the current priority lists.
2. If the client was not prioritized by their score, the staff member should explain what other services will be available to them (e.g., shelter case management, connection to mainstream resources, help connecting with family or friends). The client should be referred to the appropriate emergency shelter or other housing crisis resource where they will receive case management and other services assist them with their needs. The assessment process ends for that client at this point.
3. The assessment staff member should then describe how the referral process works to the client – the client will then be able to make an informed choice about whether to participate.
4. The assessment staff member should then refer the client to coordinated assessment. Clients should be added by their HMIS identification number only (or another coded, non-identifying number if they are a client that requested DV-specific services). For transitional housing for substance abuse, people will be referred to an appropriate service provider, except for those coming from other programs within the system. For permanent supportive housing or rapid re-housing clients will be slated for coordinated entry based on their Vulnerability Index score.
5. To make a referral to an agency outside of coordinated assessment, the assessment staff member should call the program to let them know they are sending them a client (domestic violence, e.g.). They should also ensure the client's information is in the HMIS and that the HMIS record or the paper assessment is shared with the program in question via secure fax or email.

The client should be given the address and other information for reaching the referred program.

6. If there is not currently an opening for Rapid Re-Housing/PSH or at an appropriate program within the clients needed intervention, the client should be referred to the appropriate emergency shelter or other housing crisis resource. The assessment staff member should make a note in the HMIS or on the client's paper assessment form of where the client was referred and their contact information. Upon referral, the case manager at the referred-to program should contact the assessment worker to let them know they will be working with that particular client. The assessment staff member should then enter the case manager's name (if assigned) and contact information as a note into the HMIS before the exit is entered. Clients should also be given a card that includes that information. This process will ensure that any other people who serve them know they have already been through an assessment process and prevent duplication.
7. If a client does not show up when referred to a program, the referred-to program should notify the assessment staff member or case manager. The case manager at the referred-to program should attempt to make contact with the client. If the client cannot be located after being notified that a space was available in a program, the slot will be offered to the next eligible person.

**Special Populations**

There are many subpopulations of people coming through the Coordinated Assessment process that may have special needs or need to be directed to specific resources to have their needs met. While this document includes specific instructions for some of those populations, the tool itself covers many others. Assessment staff members who believe that a client is eligible for another specific resource not discussed in this document should go to the coordinated assessment staff supervisor for additional assistance.

**Post-Referral Procedure**

Once a client has had an assessment and is slated for coordinated entry, the program should make sure the client is connected to a case manager. Both the case manager and client will receive updates on where their client stands in the process if they are waiting for a longer-term intervention or appropriate housing is not available.

## DECLINED REFERRALS AND GRIEVANCE PROCEDURES

**Provider Declines Referral**

There may be rare instances where program staff do not accept a referral from the coordinated assessment process. Refusals are acceptable only in limited situations, including:

- The person does not meet the program's eligibility criteria (income, e.g);
- The person would be a danger to others or themselves if allowed to stay at this particular program; and
- The person has previously caused serious conflicts within the program and was banned (was violent with another client, e.g.).

If program staff determines a client is not eligible for their program after they have received the referral from coordinated assessment, the client should be sent back to their initial assessment point for assessment staff to determine an appropriate referral. If assessment hours are over for the day, the client should be referred to a population-appropriate emergency shelter. Any cases that are unable to be resolved to the client's satisfaction will be referred to a manager and the Sub-Committees to be addressed at the next scheduled coordinated assessment meeting. If a program is consistently refusing referrals, they will need to meet with the CoC Lead and the Sub-Committees to determine the program's appropriate role in the coordinated assessment process.

**Client Declines Referral**

Assessment staff, through the administration of the assessment tools and the assessment process (which includes client input), will attempt to do what they can to meet each client's needs while also respecting community wide prioritization standards. The CoC has the authority to limit the number of program refusals or housing option refusals any client can make per episode of homelessness. If a client exceeds this set number, (s)he forfeits his/her right to be served in the coordinated assessment system.

**Provider Grievances**

Providers should bring any concerns about coordinated assessment to the CoC Lead and Sub-Committees, unless they believe a client is being put in immediate or life-threatening danger, in which case they should deal with the situation immediately. A summary of concerns should be provided via email to the chair of the appropriate Sub-Committee. The chair should then schedule that provider's representative to come to the next available Coordinated Assessment Meeting so the issue can be resolved. If the issues need more immediate resolution, the chair in conjunction with the CoC Lead will determine the best course of action to resolve the issue.

**Client Grievances**

The assessment staff member or the staff supervisor should address any complaints by clients as best as they can in the moment. Complaints that should be addressed directly by the assessment staff member or staff supervisor include complaints about how they were treated by assessment staff or violation of the data agreements. Any other complaints should be referred to the chair(s) of the Coordinated Assessment Sub-Committee(s) for resolution as noted above. Any complaints filed by a client should note their name and contact information so the chair can contact them and offer them the chance to appear before the committee to discuss the grievances.

# GOVERNANCE

**Roles and Responsibilities**

The Coordinated Assessment process will be governed by the HIAC through the Coordinated Assessment Subcommittees. This group will be responsible for:

- Providing general oversight and management of coordinated assessment;
- Investigating and resolving client and provider complaints or concerns about the process.
- Providing information and feedback to the CoC and the community at-large about Coordinated Assessment;
- Evaluating the efficiency and effectiveness of the coordinated assessment process;
- Reviewing performance data and proposed outcomes from the Coordinated Assessment process; and
- Recommending changes or improvements to the process, based on performance outcomes and data.

# EVALUATION

The Coordinated Assessment process will be evaluated on a regular basis to ensure that it is operating at maximum effectiveness and efficiency. Evaluation will be carried out primarily through the Coordinated Assessment Sub-Committees and any consultants or third parties they engage to help them. Evaluation mechanisms may include the following:

- **A review of metrics from the coordinated assessment process.** The data to be reviewed and the thresholds that should be met in the process
- **A periodic review with people experiencing homelessness who have been through the coordinated assessment process.**
- **A report issued to the community at least annually on coordinated assessment and homelessness assistance system outcomes.** This report may include trends from an analysis of coordinated assessment data, as well as the total number of assessments and referrals made, successes to be shared and notes from the Coordinated Assessment Sub-Committees on the process's progress. A member of the Sub-Committees may present major findings from this report at the HIAC meeting the month it is completed. Sub-Committees may ask for assistance from the CoC Lead in writing and producing this report.

**For Agencies Providing Staffing:**

- Provide a designated number of staff, which may change over time based on client needs and agency capacity, for the Coordinated Assessment process.
- Allow assessment to be evaluated on a regular basis by the CoC Lead, participating entities and any outside evaluators deemed necessary.
- Ensure assessment staff receive training on the assessment, referral, and data entry processes associated with coordinated assessment, as well as any other trainings the Coordinated Assessment Sub-Committees deem necessary to ensure an efficient and effective process.
- Make referrals based on the agreed-upon system-wide criteria, bed availability, and the assessment tools.

**Coordinated Assessment Staff Members:**

- Administer assessments to clients attempting to access the Coordinated Assessment process to determine eligibility
- Report any capacity issues to an agency staff supervisor or CoC Lead
- Record assessment tool results on paper and in the HMIS
- Be knowledgeable of data confidentiality and client confidentiality rights and be able to explain these rights to each client
- Obtain a signed data confidentiality agreement from each client whose information is entered into the HMIS and an ROI for each client referred for Coordinated Assessment
- Refer clients ineligible for homeless assistance services to other, more appropriate community resources

**Coordinated Assessment Staff Supervisor Duties:**

In addition to the responsibilities listed above:

- Ensure noted fluctuations in client demand and issues that impair efficiency and the efficacy of Coordinated Assessment and entry are communicated to the Sub-Committees and the CoC Lead
- Ensure Coordinated Assessment staff are following all policies and procedures and help them address any obstacles

**For all agencies participating in Coordinated Assessment:**

- Treat all clients equitably with dignity and respect
- Collaborate to address process issues for the purpose of evaluating service efficiency and effectiveness
- Provide all program eligibility criteria to the CoC Lead and appropriate Coordinated Assessment Sub-Committees
- Participate in the Homeless Management Information System (HMIS) and enter assessment information into the HMIS unless legally prohibited from doing so
- Adhere to the policies and procedures of the Coordinated Assessment process contained in this manual

- Meet with the appropriate Coordinated Assessment Sub-Committee when requested to discuss concerns and issues around the coordinated assessment process
- Discourage staff from administering system wide assessments or any program assessments that duplicate questions asked during the Coordinated Assessment process.

## Confidentiality and Record Retention

a. Participating agencies must comply with any and all applicable laws and regulations concerning the confidentiality of client records, files or communications
b. Participating agencies must secure privacy, confidentiality and integrity of client data
c. Participating agencies must either have or develop a record retention policy
d. Participating agencies must ensure the protection of and ultimate destruction of paper copies of a client assessment and only store a client's score
e. Participating agencies must ensure that clients are not informed of their assessment score as this information may erode the efficacy of coordinated assessment
f. Participating agencies must not inform clients that a given score permits entry into a particular program as this baseline is not fixed within coordinated entry and therefore, such information may erode the integrity of the Coordinated Assessment System

# Vets@Home TA Scope of Work

| | |
|---|---|
| **CoC # – Name:** NC-501 – Asheville/Buncombe County CoC | |
| **CoC Contact Person/Title:** Christiana Tugman, CD Analyst / Homelessness Lead at City of Asheville | |
| **TA Firm:** ICF International | |
| **TA Provider Name:** Mike Lindsay | |
| **TA Provider Email:** mike.lindsay@icfi.com | |
| **Type of Vets@Home TA:** | ☑ Intensive ❒ Moderate ❒ Off-Site/Remote Only |

| TA Topic Area | Priority for this CoC? | Notes |
|---|---|---|
| **Review of Federal Goals and Indicators to Develop or Improve Local Plan** | ☑ Yes | The community expressed interest in building their knowledge on federal goals and indicators to improve upon their local plan. |
| **Increase Coordination between CoC, VA & Other Stakeholders** | ☑ Yes | The community has experienced a shortage of stable and affordable housing and recognizes the need to successfully engage landlords through recruitment and outreach efforts to ensure that permanent housing through VA and HUD resources are in close proximity to services and incentivize the movement of homeless veterans from shelter and transitional housing placements to permanency. |
| **Outreach to Identify and Engage Veterans** | ❒ Yes | |
| **Creating and Managing an Active By-Name List** | ❒ Yes | |
| **Permanent Housing Prioritization and Placement Capacity** | ☑ Yes | Approximately 80% of veterans identified as homeless on the Point In Time count are housed in the GPD program operated by the Asheville/Buncombe Coalition of Christian Ministries. Engaging ABCCM would decrease lengths of time and could transform GPD to a bridge model of housing while permanent housing is identified for homeless veterans. |
| **Identifying Resources for Veterans** | ☑ Yes | The community has faced difficulty in identifying and accessing housing and services |

# Vets@Home TA Scope of Work

| | | |
|---|---|---|
| | | for veterans who are not eligible for VA services. |
| **Access and Utilize Published Guidance, Tools and other Relevant Resources (including Toolkits)** | ☑ Yes | The community expressed interest in utilizing available resources and best practices and becoming linked to other communities in similar situations. |
| **Expand Data Use and Quality** | ❒ Yes | |
| **(Other)** | ☑ Yes | *See Additional Notes section below.* |

| **Timeframe of On-Site Visit (Intensive/Moderate Only)** | **Topic Areas to be Covered** |
|---|---|
| **December 2015** | • Review of Federal Goals and Indicators to improve local plan<br>• Approaches to identifying and engaging homeless veterans and creating connections between all veterans<br>• Guidance regarding best practices related to reducing lengths of stay in GPD programs<br>• Strategies to access and leverage mainstream housing resources, including coordination and collaboration with private market landlords, Public Housing Authorities and other public and private housing resources. |

Number of Veterans experiencing homelessness (if known): 209; 2015 PIT

**Declaring an End to Veteran Homelessness**

It is anticipated that this community will be able to declare an end to veteran homelessness by:

❒ December 31, 2015 ❒ [*Insert Other Timeframe*] ☑ Not Known at this Time

**Additional Notes:**

Through the provision of technical assistance, ICF International will provide the community with:

1. Resources and guidance regarding best practices related to reducing lengths of stay in GPD programs and successfully linking veterans in GDP to permanent housing resources.
2. Approaches to identifying and engaging homeless veterans and creating connections between all veterans, including veterans not eligible for VA services due to service or discharge status, and available housing resources. Best practices from across the county, as well as specific guidance through the Vets@Home toolkits will be utilized during the provision of this TA.
3. Strategies to access and leverage mainstream housing resources, including coordination and collaboration with private market landlords, Public Housing Authorities and other public and private housing resources. This TA engagement cannot address broad housing affordability issues in the community, but can help to address barriers faced by homeless veterans in accessing permanent housing and may be used as a template for larger community-wide discussions around housing affordability.

# SSVF: Community Plan Summary

| Date Completed/Revised: | 11/16/2015 |
|---|---|

| Continuum of Care Name: | Asheville/Buncombe County CoC | CoC Number: | NC-501 |
|---|---|---|---|

| CoC Representative: | Title: |
|---|---|
| Christiana Glenn Tugman | Community Development Analyst/Homelessness Lead |

**Phone/Email:**

828.251.4048/ctugman@ashevillenc.gov

| Person Completing this Summary: | Title: |
|---|---|
| Emily Ball | Housing Services Director, Homeward Bound |

**Phone/Email:**

828.258.1695 x108/emily@homewardboundwnc.org

1. **Primary Planning and Coordination Group**: Identify the primary group responsible for planning and coordinating efforts to prevent and end homelessness among Veterans in the CoC. List the principal members of this group and their affiliation.

| Primary Group Name: | Homeless Initiative Advisory Committee - Subcommittee on Veteran Homelessness |
|---|---|
| **Principal Members** | **Affiliation** |
| Allison Bond, Chair | VAMC - Director of Homeless Programs |
| Katie Stewart | VAMC - SSVF POC |
| Christiana Glenn Tugman | City of Asheville - CoC Lead |
| Scott Rogers | ABCCM (SSVF P2 Grantee/GPD provider) |
| Mary Sczudlo | ABCCM (SSVF P2 Grantee/GPD provider) |
| John Rakes | ABCCM - SSVF Director |
| Brian Alexander | Homeward Bound (SSVF P1 Grantee) |
| Emily Ball | Homeward Bound (SSVF P1 Grantee) |
| Leslie Stewart | Homeward Bound - SSVF Director |
| Brooks Ann McKinney | Mission Hospital |
| David Nash | Housing Authority of the City of Asheville |
| April Burgess-Johnson | Helpmate (domestic violence shelter) |
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2. **Ongoing Review and Coordination:** Briefly describe how often (e.g., monthly) the above group meets to review progress and coordinate efforts. Include a summary of what information is reviewed during these meetings.

The Homeless Initiative Advisory Committee is jointly appointed by City Council and County Commissioners and was originally convened to oversee implementation of the 10-year plan to end homelessness adopted in 2005. Its Subcommittee on Veteran Homelessness formed this year. The subcommittee meets twice a month to review progress on ending Veteran homelessness, implementation of the community's coordinated assessment process as it pertains to Veterans, and overall system change. In particular, in conjunction with Priority 1 SSVF funding and coordinated assessment implementation, this group has been evaluating system flow and entry points for homeless Veterans with a focus on our community's large allotment of GPD beds. With oversight from this committee, a separate coordinated assessment group meets weekly to match homeless Veterans with the most appropriate housing intervention (HUD-VASH, SSVF, GPD, non-Veteran-specific housing resources, or public housing) based on VI-SPDAT scores.

3. **Annual Demand, Goals, and Strategies for Achieving and Sustaining Functional Zero:** Identify the estimated number of Veterans who are homeless annually and the community/CoC goals and strategies for achieving a functional end to Veteran homelessness by the end of 2015 (overall community/CoC goals, not just SSVF grantees). If one or more of the goals and strategies below have not yet been established for the community, leave blank and identify the date by which they will be established. See the ***Ending Homelessness Among Veterans Overview*** for additional guidance.

**3A. Estimated Annual Number of Homeless Veterans:** Identify the total unduplicated number of Veterans expected to be homeless in 2015 using data from the SSVF Edition of the Veteran Homelessness Gaps Analysis Tool FY15Q3 or data assumptions that have already been adopted by the community, such as the *VA CoC Gaps Analysis Tool (GAT)* .

| **Estimated Annual Total:** | 568 |
|---|---|

**3B. Community/CoC Goals**: Identify your community's/CoC's key goals and targets.

**A. Permanent Housing Placement Target & SSVF Rapid Re-Housing Placement Target**:
Complete and attach *SSVF Edition of Veteran Homelessness Gaps Analysis Tool FY15Q3 OR an CoC Gaps Analysis Tool – Strategy 4 (SSVF) Worksheet*

| **B. Length of Time Homeless Goal (max or average days):** | 45 | **days** |
|---|---|---|

| **C. January 2016 Point-in-Time (PIT) Count Goal** | **Sheltered** | **Unsheltered** | **Total** |
|---|---|---|---|
| Number of Veterans expected to be counted as homeless during the CoC's January 2016 PIT count: | 184 | 0 | 184 |
| Of number above, how many will also be counted as chronically homeless: | 20 | 0 | 20 |

**3C. Implementation Strategies: What strategies are being used to achieve and sustain functional zero?**

| | Yes/No/Under Dev |
|---|---|
| A. Has your community identified every Veteran who is homeless right now by name? | **Yes** |
| Is this list updated regularly? | **Yes** |
| Is this list reviewed at least bi-weekly by key community partners to ensure Veterans have a permanent housing plan and those plans are achieved? | **Yes** |
| B. Does every Veteran who is homeless now have a Housing Plan and access to safe (and low barrier as needed) shelter and/or permanent housing? | **Yes** |
| C. Is every Veteran who becomes homeless rapidly engaged and offered shelter and/or housing that meets their needs? | **Yes** |
| If so, is this true no matter where they are initially engaged in your community or what shelter or unsheltered location they may be in? | **Yes** |
| D. Are sufficient SSVF resources allocated to ensure there are no RRH gaps or turn-aways? | **Yes** |
| E. Are you using SSVF to rapidly re-house Veterans who are waiting on VASH or other PSH assistance if VASH/PSH is not available immediately or in near future? | **Yes** |

**4. Other Strengths and Challenges**: Briefly describe any additional strengths and/or challenges relevant to your achieving VA and local goals.

Our community has significant GPD resources (184 beds) that continue to be highly utilized. We are, accordingly, projecting that the only Veterans in our 2016 PIT count will be in GPD beds. We have developed housing tracks within GPD and are making targeted efforts to house all chronic Veterans in our community, even within GPD. We're projecting 20 chronic Veterans in GPD in our 2016 PIT count - half of whom will be in GPD beds in a substance abuse treatment program and half of whom will have been offered either SSVF or HUD-VASH but declined the intervention.